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### REPORT DOCUMENTATION PAGE

Form Approved OMB No. 0704-0188

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1. AGENCY USE ONLY (Leave blank)

2. REPORT DATE

3. REPORT TYPE AND DATES COVERED

Final - Oct. 1, 1987 - March 31, 1992

4. TITLE AND SUBTITLE

Increasing the Participation of Historically Black Colleges and Universities and Minority Institutions in Department of Defense Activities

5. FUNDING NUMBERS

N00014-87-J-1270 MODIFICATION NO.: P00003

AGO CODE: N66002 ONR CODE: 1121RS

CAGE CODE:

6. AUTHOR(S)

Samuel L. Myers Julia C. Elam Hanna Brown

Washington, DC 20002

8. PERFORMING ORGANIZATION

REPORT NUMBER

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) National Association for Equal Opportunity in Higher

Education (NAFEO) 400 - 12th Street, NE

6042

9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)

Mrs. Tracey Pinson Dennis Small & Disad. Bus. Utiliz.

Mr. Charles Luther Scientific Officer Office of the Secretary of Defense Office of Naval Research

10. SPONSORING/MONITORING AGENCY REPORT NUMBER

Pentagon 2A340

Washington, DC 20301-3061

800 N. Quincy Street Arlington, VA 22217-5000

11. SUPPLEMENTARY NOTES

12a. DISTRIBUTION/AVAILABILITY STATEMENT

12b. DISTRIBUTION CODE

Public Availability

DISTRIBUTION STATEMENT A reactor of the set borrange Directionalors University

13. ASSTRACT (Maximum 200 words)

The primary intent of this project is to assist the historically black colleges and universities & other minority institutions (HBCUs/MIs) in becoming more competitive in the Department of Defense procurement arena through a variety of activities, including institutional marketing; the preparation of guides, catalogs, compendia, etc for educating DoD and its primes about the HBCUs/MIs and for educating the HBCUs/ MIs about DoD program opportunities and how DoD operates; grant and contract management; dissemination of information (DoD and DoD-related); the scanning and dissemination of grant and contract opportunities to the HBCUs/MIs as announced in the Commerce Business Daily, and the facilitation of partnerships between the HBCUs/MIs and Industry and between the HBCUs/MIs and Major Research Institutions.

14. SUBJECT TERMS

15. NUMBER OF PAGES

16. PRICE CODE

17. SECURITY CLASSIFICATION OF REPORT Unclassified

SECURITY CLASSIFICATION OF THIS PAGE Unclassified

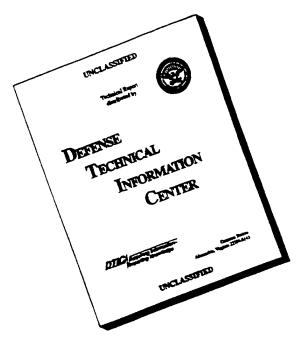
SECURITY CLASSIFICATION OF ABSTRACT Unclassified

20. LIMITATION OF ABSTRACT

NSN 7540-01-280-5500

Standard Form 298 (Rev. 2-89) Prescribed by ANSI Std. 239-16

# DISCLAIMER NOTICE



THIS DOCUMENT IS BEST QUALITY AVAILABLE. THE COPY FURNISHED TO DTIC CONTAINED A SIGNIFICANT NUMBER OF PAGES WHICH DO NOT REPRODUCE LEGIBLY.

Z. PAGES CASH K ACCRUAL TELEPHONE (Area code, number and extension) 420-82 1,541,199 499,923 1,541,199 2,041,122 1,541,199 1,541,199 2,041,122 TOTAL DATE REPORT SUBMITTED PAGE 7. BASIS TO (Month, day, year) 9-29-89 OMB Approved No. 80-R0180 PERIOD COVERED BY THIS REPORT **ջ** □ SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Indirect 342,459 342,459 342,459 342,459 537,312 537,312 5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER 6. FINAL REPORT TYPED OR PRINTED NAME AND TITLE 1. FEDERAL AGENCY AND ORGANIZATIONAL, ELEMENT TO WHICH REPORT IS SUBMITTED 2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER costs N00014-87-J-1270  $\mathfrak{S}$ Samuel L. Myers Sub- c FROM (Month, day, year) 9-30-87 529,848 529,848 534,000 529,848 534,000 529,848 Printing/Dist(4) Conferences (6) inv./newslet.workshops/tray. lief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award I certify to the best of my knowledge and be-123,669 171,300 123,669 123,669 123,669 171,300 47,631 TO (Month. day, year) PROJECT/GRANT PERIOD (See instructions) 9-29-89 STATUS OF FUNDS 13. CERTIFICATION Department of the Navy 50,107 49,500 50,107 49,500 50,107 50,107 (209) 4. EMPLOYER IDENTIFICATION NUMBER ુ ઇ 12. REMARKS. Altech any explanations deemed necessary or information required by Federal gromeoring agency in compliance with Rates also adjusted at audit each fiscal year 6/30. □ PROVISIONAL 

| PREDETERMINED | FINAL | FIXED ₩ e. FEDERAL SHARE 342,459 FROM (Month, day, year) 23-7439804 9-30-87 Other Direct 84,279 136,506 84,279 84,279 84,279 136,506 52,227 9 d. TOTAL AMOUNT Personnel costs National Association for Equal Opport. 3. RECIPIENT ORGANIZATION (Name and complet: address, including ZIP code) 612,504 201,667 410,837 410,837 410,837 410,837 612,504 ŧ FINANCIAL STATUS REPORT (Follow instructions on the back) ઉ PROGRAMS/FUNCTIONS/ACTIVITIES 1> (Place "X" in appropriate box; Washington, D.C. 20002 Total cumulative amount of Federal funds Federal share of unliquidated obligations C. BASE in Higher Education Less: Non-Federal share of unliquidated Unobligated balance of Federal funds 400 12th Street, NE Less: Non-Federal share of outlays Total Federal share of outlays and lays previously reported Total outlays this report period Less: Program income credits Total Federal share of outlays (Line e minus line f) Total unliquidated obligations Net outlays this report period obligations shown on line h unliquidated obligations a. TYPE OF RATE (Line b minus line c) Net outlays to date (Line a plus line d) b. RATE authorized 11. INDIRECT EXPENSE 5

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Prescribed by Office of Management and Budget
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ux. 4-20-92

# FINANCIAL STATUS REPORT (Long Form) (Follow instructions on the back)

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Follow	instructions	00	ma	h a.

Federal Agency and Organizational Elemento Which Report is Submitted	nt	2. Federal Grant of	or Other Identifying Num	nber Assigned	OMB Appro	val Page	, of
Department of the Navy	By Federal Agency N00014-87-J-1270			No. 0348–(		9 1	1
2. Resigned Output (N)				*** · · · · · · · · · · · · · · · · · ·			pages
3. Recipient Organization (Name and comple National Association 400 12th Street, NE	for Eq	cluding ZIP code) ual Opport	unity in Hi	gher Edu	cation		
Washington, D.C. 2000							
Employer Identification Number	5. Recipient	Account Number o	r Identifying Number	6. Final Repo		7. Basis	
23-7439804				⊠ Yes	□ No	☐ Cash 🔀	] Accrual
Funding/Grant Period (See Instructions)     From: (Month, Day, Year)     9-30-87	To: (Month	2 9 – 8 9 <sup>Year)</sup>	9. Period Covered From: (Month, 9-30-	Day, Year)	t To: (I	Month, Day, 9-29-8	Year)
10. Transactions;			Broudough Bosses			111	
a. Total outlays		<del></del>	Previously Reported	This P	eriod	Cumulati	/8
b. Refunds, rebates, etc.						1,541,	199
b. Refunds, rebates, etc.							
c. Program income used in accordance v	with the deduc	ction alternative					
d. Net outlays (Line a, less the sum of I	ines h and c	.1					
	mos b and c					1,541,	199
Recipient's share of net outlays, consisting.  Third party (in-kind) contributions.	g of:						
Third party (in-kind) contributions     Other Federal awards authorized to be	used to mate	th this award					
<li>g. Program income used in accordance v sharing alternative</li>	vith the match	ing or cost					
h. All other recipient outlays not shown or	n lines e, f or	9				<del></del>	
i. Total recipient share of net outlays (Su	m of lines e,	f, g and h)				<del></del>	
j. Federal share of net outlays (line d less	s line i)						
k. Total unliquidated obligations						1,541,	199
Recipient's share of unliquidated obliga	tions						
m. Federal share of unliquidated obligation	<u> </u>						
n. Total federal share (sum of lines j and i	n)					1,541,	100
o. Total federal funds authorized for this fu	unding period					1,341,	-
p. Unobligated balance of federal funds (L	ine o minus i	line n)	-			2,041,	122
Program income, consisting of:	٠	· · · · · · · · · · · · · · · · · · ·				499.	923
q. Disbursed program income shown on lir							
r. Disbursed program income using the ac	ldition alterna	tive					
s. Undisbursed program income	·	· · · · · · · · · · · · · · · · · · ·				<del></del>	
t. Total program income realized (Sum of	lines q, r an	d s)					
a. Type of Rate (Place "X"			· · ·				
11. Indirect Expense b. Rate	c. Bas	☐ Predeter		Final	□ Fi	ed	• • •
35.73	1 1	.198.740	d. Total Amoun	a	e Federal	150	
<ol> <li>Remarks: Attach any explanations deem governing legislation.</li> <li>Rates are adjusted at</li> </ol>					cy in complia	nce with	
13. Certification: I certify to the best of my unliquidated obligations	knowledge are for the p	and belief that thi	s report is correct ar	nd complete a	nd that all ou	tlays and	
Typed or Printed Name and Title		,	un ai a uocum		rea codo ac-	hor ned - :	
Samuel L. Myers, Pres	, don't				rea code, num	iver and exte	insion)
Santuel L. Myers, Pres	ident			<del> </del>	43-9111		
• •		•		Date Report S			
Previous Editions not Usable	·	269-103		4/15)		orm 269 (BE	

( <u>)</u>	`NTRAC	T COMPLETION STA	TEMENT		
Office of Naval Research Atlanta Regional Office			22. PN NUMBER DAAH04-93-G-0409		
101 Marietta Tower Suite 2805 101 Marietta Street			25. LAST MODIFICATION NUMBER N/A		
Atlanta, GA 30303-0008			2€. CALL/ORDER NUMBER		
2.10: (Name and Address of Purchasing Office and Office symbol of the PCO Defense Accounting Office CM#3, Room 206, Attn: Code 4: Washington, D.C. 20371-5400	•		4. contractor identity code and about The Johns Hopkins I 105 Ames Hall Baltimore, MD 212	Jniversity	
			5. EXCESS FUNDS  \$	YES XX NO	
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLET AND 6c.	E ITEMS 6b	6b. VOUCHER NUMBER		6c. DATE	
7a. IF FINAL APPROVED INVOICE FORWARDED TO ANOTHER ACTIVITY AND STATUS OF PAYMENT IS U COMPLETE ITEMS 7b. AND 7c.		7b. INVOICE NUMBER		7c. DATE FORWARDED	
\$ 52,000.00 Total Amount Obligated to Grant \$ 52,000.00 Total Amount Billed \$ 0.00 Unexpended					
			·		
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIF THE CASE OF A PRICE REVISION CONTRACT.	RED HAVE BEEN	FULLY AND SATISFACTORI	ILY ACCOMPLISHED. THIS INCLU	JDES FINAL SETTLEMENT IN	
9b. TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Douglas Heaton ACO	(	9c. SIGNATURE	- deaton	6 TVW. 26	
	FOR PUR	CHASING OFFICE US	E ONLY		
office action extends me cases, submit a copy of	REBY CLOSE DVE M 10e BELOV ore than thre the complete office. (Upon	D AS OF:  N (Check this box only e months beyond clo ed form upon final acce	AND SATISFACTORILY AG y if final completion of any se-out date shown in item omplishment of all purcha administration office shall	significant purchasing 9d. above. In such asing office actions to the	
10b. REMARKS					
10c. TYPED NAME OF RESPONSIBLE OFFIC	IAL	10d. SIGNATURE		10e. DATE	

## FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

i. fedeta Agency When Rep	and Organizational Element fort is Submitted	2. Federal Grant or 6 Sy Federal Agent	Other Identifying Numb Cy	1.10	-0039 1 1 pages
	Research Offic		G-0409		1 1
Johns Hop	zabon (Name and complete okins University Research Admini		105 Ames Hall/ Baltimore, Mar		•
Empio, er roent     1 – 5205951		5. Recipient Account Number of G434-E83-2043		6. Final Report	7. Basis CyCash Accruai
From (Month)	-	To: (Month. Day, Year) 08/19/1994	9. Penod Cavered From: (Month, 08/20/199	Day, Year)	To: (Month, Cay. Year)
08/20/19 10 Transactions:	<del>193</del>	1 00/13/1334	Prevously Reported	II This Period	III Cumulatve
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· \	share of outlays		-0-	52,000.0	0 52,000.00
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A Ampleon	t share of uniquidated oblig	ations			
1	snare of unliquidated obliga				
: Towefe	geral sharp (Sum of lines)	c and f)			52,000.00
100150	end beardonius authorized for t	his lunding period			52,000.00
rootg	ated balanco of Federal lun	ds (Line h minus line Q)			
	a Type of Rate (Place	e "X" in appropriate box) risional	etermined	Final	Fixed
11 Indirect	b. Rate	c. Base	d. Total Ar 20,76	0.76	e. Federal Share 20.768.76
4 31818100	Attech any explanations o	seemed necessary or information	n required by Federal	sponsoring agency	
13. Ceruficaso	unliquidated oblige	ations are for the purposes set	forth in the award do		rea code, number and extension)
į.	ed Name and Title	or Cost Analysis	1		16-6120
	othorized Celetring Official	or Cost Analysis  Tulv		Date Report S	Submitted
	218 (187	2	69-201	0	Standard Form 269A (REV 4-88

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

DATE: May 30, 1996

#### **CLOSEOUT MEMORANDUM**

Subject Grant/Contract No.:_	DAAH04-93-G-0409	_
-		
Grantee/Contractor:	The Johns Hopkins University	_

- 1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$52,000.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under \$500,000.00. The Johns Hopkins University is a HHS cognizant institution. The basis for certifying cost is the cost analysis as explained in paragraph 4 below.
- 2. The subject grant began on 20 August 1993 and was completed on 19 August 1994. The total estimated cost of the grant was \$52,000.00.
- 3. The awardee has met all obligations under the referenced agreement including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The HHS accepted A-110 audit covering the period of performance reported that the Grantee has a financial system in place that protects the interest of the Federal Government.
- b. Specific finding, with regard to the individual cost elements, are as follows:
  - (1) Direct Labor Amounts charged were in agreement with those initially proposed.
  - (2) Overhead Grantee charged the correct HHS negotiated on-campus rate.
  - (3) FringeBenefits Grantee charged the correct HHS negotiated rates.
  - (4) Materials/Supplies Grantee charged what was budgeted.
  - (5) Travel No travel was charged.
  - (6) Equipment Equipment was charged at budget.
  - (7) Other Direct Costs Were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Cd Fadullon

ads Sr. Contract Specialist

CONTRACT	COMPLETION STAT	FEMENT	
FROM (Contract Administration Office)		2a. PII NUMBER	
Office of Naval Research	N00014-95-1-0158		
Atlanta Regional Office		2b. LAST MODIFICATION	NUMBER
101 Marietta Street, Suite 2805		20. 10. 110. 110.	NOMBER
Atlanta, GA 30323-0008		S. CALL CODED NUMBER	· n
(POC: DOUGLAS E. HEATON /404-730-9257)		2c. CALL/ORDER NUMBE	R
3. TO: (Name and Address of Purchasing Office and Office Symbols of t	the PCO, if known)	4. CONTRACTING IDENTI	
	コ	OODE MILD MEDITED	
DFAS Charleston - OPLC		UNIVERSITY OF I	DEL VIIVOE
Vendor Pay and Travel Division		UNIVERSITIOLI	JELA WARE
Code (FP)			
P.O. Box 118054		5. EXCESS FUNDS	YES 🛛 NO
Charleston, SC 29423-8054	1		\$0.00
Co. IF FINAL DAVIMENT LIAC DEFINIMADE COMPLETE	To: VOUCHER NUMBER		- DATE
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b, AND 6c.	6b. VOUCHER NUMBER	٥	c. DATE
7a. IF FINAL APPROVED INVOICE FORWARDED TO D. O. OR ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b AND 7c.	7b. INVOICE NUMBER	7	c. DATE FORWARD
8. REMARKS	<u> </u>		
1. Performance on N00014-95-1-0158 for University	of Delaware is complete.	Forwarded for proces	ssing are pertient closing
documents to support full payment of 7,629.00.		•	
2. 7,629.00 Funds obligated by the Grant			
<b>7,629.00</b> Allowable costs (includes \$7,629.00)	00 paid to date)		
\$ 0.00 Excess funds to be deobligated			
G , 44/044 / 6 1 / 1			
Copy to: 21/822 (w/copy of closeout documents)			
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONT		CCOMPLISHED. THIS INC	LUDES
9b. TYPED NAME OF RESPONSIBLE OFFICIAL	9c. SIGNATURE/		9d. DATE
DOUGLAS E. HEATON		1.6-+	
Administrative Contracting Officer	huckles (	Valor	11 JUN, 96
	RCHASING OFFICE USE ONLY	/ · · · · · · · · · · · · · · · · · · ·	
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FU OF THIS OFFICE IS HEREBY CLOSED AS OF:	· · · · · · · · · · · · · · · · · · ·		FILE
DATE SHOWN IN ITEM 9d. ABOVE.			
☐ DATE SHOWN IN ITEM 10a. BELOW.			
action extends more than three months of the completed form upon final accom			
(Upon receipt, the contract administration			ation onice.
10b. REMARKS	- control control field the	-	
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10. TOSE MANS OF BEODONOUS OFFICIAL	T		r::
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE

#### CLOSEOUT MEMORANDUM

Grant: N00014-95-1-0158

Grantee: UNIVERSITY OF DELAWARE

- 1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of \$7,629.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The certification of costs is based on a price analysis performed by the Administrative Grants Officer (AGO) as explained in paragraph 4 of this document. Any unpaid balances due to the awardee may be paid at this time.
- 2. The subject agreement began on 01 OCT 1994 and was completed on 30 SEP 1995. The total estimated cost of the agreement was \$7,629.00.
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed, and I hereby certify, as AGO, that the total costs are reasonable, allowable and allocable. This price analysis shall serve in lieu of an contract audit closing statement.
- 5. Based on the statement contained in this memo and the supporting documentation, this agreement may be administratively closed.

DOULAS HEATON

Administrative Grants Officer

r COI	NTRACT ADMINISTRA	ATION COMPLE	TION RECORD		1. SUSPENSE DATE	
2. From: Depart Office 101 Ma Suite	ement of the Navy of Naval Resear arietta Tower	ch - Atlanta			3. CONTRACT NUMBER N00014-95-1-015	58
	tional element performing func				5. NAME OF CONTRACTOR	
FILE					UNIVERSITY OF DELAWA	
Request co the suspens date, a sub	rformed or terminated).  Iumn 6c or 6d and 6e and  se date indicated in item  sequent advice of final accepting closed is classified,	d 6f be completed 1. If only an anti- tion is required.	with regard to the cipated date of co	e function of	ries or shipments have been richecked in column 6a and this required actions can be given	form returned by by the suspense
			STATUS OF ACTION(	S)		
"X" a	FUNCTION b	"X" IF REQUIRED ACTION(S) COMPLETED	ANTICIPATED DATE FOR COMPLETION OF ACTIO(S)		SIGNATURE	DATE f
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	PLANT CLEARANCE				· · · · · · · · · · · · · · · · · · ·	
	CONTRACT TERMINATION					
······································	OTHER (Specify)					
	TO PROPERTY WITH	THIS GRANT		HE GRANT	EE.	
8. TYPED NAME	OF RESPONSIBLE OFFICIAL		9. SIGNATURE			10. DATE

196



#### DEPARTMENT OF THE NAVY

OFFICE OF NAVAL RESEARCH 800 NORTH QUINCY STREET ARLINGTON, VA 22217-5660

IN REPLY REFER TO

5870 Ser OOCC1/296 3 May 96

From:

Chief of Naval Research

To:

Contracting Officer, ONRRO/Atlanta

Subj:

CONTRACT N00014-95-1-0158 WITH UNIVERSITY OF DELAWARE

Encl:

(1) DD Form 882 dtd 23 Apr 96

1. The Contractor's Final Report of Inventions and Subcontracts is acceptable and is returned herewith as enclosure (1).

WILLIAM F. McCARTHY

Associate Counsel/Senior

ONR Patent Attorney

Karp, Michael

DLWL

From:

Thurman, Barbara

To: Subject: Karp, Michael FINAL TECHNICAL REPORT

Date:

Monday, April 29, 1996 2:24PM

I have received a final technical report on N00014-95-1-0158 entitled "Bifurcation and Stability Analysis for Acoustic Ray Propagation in an Underwater Sound Channel" in the case of ROPO/Simmen. You may close out this grant.

Standard Form 269A		FINANCIAL STATUS	REPORT		
		(Short Form)			
<ol> <li>Federal Agency &amp; Orgato Which Report is Subroffice of Naval Research</li> </ol>		Federal Grant or Other     Number Assigned by Fe		OMB Approval No.	Page 1 of 1
Department of the Navy		N00014-95-1-0158		0348-0039	
3. Recipient Organization	Name and complete a	ddress, including ZIP code	):		
	University of Delaware				
	Office of Sponsored Pr Newark, DE 19716	ograms			
4. Employer Identification	·	5. Recipient Account/ID N	umber	6. Final Report	7. Basis
51-6000297		3-3-21-3501-		[X] Yes [] No	[X] Cash [] Accural
8. Funding/Grant Period			9. Period Covered by the		[pq case [j //cose.ar
From:	To:		From:	То:	
10/01/94	09/30/95		10/01/94	09/30/95	F
10. Transactions:			1	II II	III
	· · · · · · · · · · · · · · · · · · ·		Previously Reported	This Period	Cumulative
a. Total outlays			\$0.00	\$7,629.00	\$7,629.00
b. Recipient share of ou	tlays		\$0.00	\$0.00	\$0.00
c. Federal share of outla	ıys		\$0.00	\$7,629.00	\$7,629.00
d. Total unliquidated ob	ligations				\$0.00
e. Recipient share of un	liquidated outlays				\$0.00
f. Federal share of unliq	uidated outlays				\$0.00
g. Total Federal share (	Sum of lines c and f)				\$7,629.00
h. Total Federal funds a	uthorized for this fundi	ng period			\$7,629.00
i. Unobligated balance	of Federal funds (line h	minus line g)			\$0.00
11. Indirect	a. Type of Rate				
Expense	[] Provisional [X] Pro	edetermined []Final []Fi	xed	Y-2	
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
	51.9%	\$226.46	\$117.54	\$117.54	
12. Remarks	Final Expenditure Brea	kdown:			
	Equipment	\$7,285.00			
	Supplies & Expenses	\$226.46			
	Indirect Cost	\$117.54			
Any questions concernin	g this report, please co	ontact Susan M. Tkachick (3	802) 831 –2136		
13. Certification:	I certify to the best o	of my knowledge and be	lief that this report is o	correct and complete	and that all outlays an
	unliquidated obligat	ions are for the purpose	s set forth in the awar	d documents.	
Typed or Printed Name ar	nd Title		Telephone	•	
Costel D. Denson, Vice Pr	ovost for Research		(302) 831 – 2136		
Signature of Authorized C	ertifying Official		Date Report Submitted		
12 Wh	1/23/96				

smt

CONTRACT	COMPLETION STAT	<b>TEMENT</b>	-	
FROM (Contract Administration Office)		2a. PII NUMBER	~~**	
Office of Naval Research	N00014-91-J-1817			
Atlanta Regional Office	2b. LAST MODIFICATION NUMBER			
101 Marietta Street, Suite 2805		1	200004	
Atlanta, GA 30323-0008		2c. CALL/ORDER NUMBE		
(POC: B.COPELAND /404-730-9258)		26. CALLJORDER NOMBE	N.	
3. TO: (Name and Address of Purchasing Office and Office Symbols of the second	the PCO, if known)	4. CONTRACTING IDENTI CODE AND ADDRESS	FY	
DFAS Charleston - OPLC			,	
Vendor Pay and Travel Division		DELAWARE STAT	E COLLEGE	
Code (FP)				
P.O. Box 118054		5. EXCESS FUNDS	YES X NO	
Charleston, SC 29423-8054			<u>—</u>	
L	لــ			
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b, AND 6c.	6b. VOUCHER NUMBER	6	c. DATE	
7a. IF FINAL APPROVED INVOICE FORWARDED TO D. O. OR ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b AND 7c.	7b. INVOICE NUMBER	7	c. DATE FORWARD	
8. REMARKS				
1. Performance on N00014-91-J-1817 for Delaware	State College is complete.	Forwarded for proce	essing are pertient closing	
documents to support full payment of \$291,800.00.	state conege is complete.	1 of warded for proce	some and bernem around	
documents to support run payment of \$251,000.00.				
2. 291,800.00 Funds obligated by the Grant				
291,800.00 Allowable costs (includes \$291,	800 00 paid to date)	•		
\$ 0.00 Excess funds to be deobligated	<del>-</del>			
\$ 0.00 Excess funds to be deconigated				
Copy to: Code 21 and Code 822 (w/copy of closeo	ut documents)			
Copy to. Code 21 and Code 622 (Weopy of closes)				
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEE FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONT		ACCOMPLISHED. THIS INC	CLUDES	
9b. TYPED NAME OF RESPONSIBLE OFFICIAL	9c. SIGNATURE	7 / 1	9d. DATE	
DOUGLAS E. HEATON		de ton	10 Tun Q/	
Administrative Grants Officer	Loughes &	· Wrow ~	10 JUN.96	
	RCHASING OFFICE USE ONL			
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN F OF THIS OFFICE IS HEREBY CLOSED AS OF:	ULLY AND SATISFACTORILY ACC	COMPLISHED. CONTRACT	FILE	
DATE SHOWN IN ITEM 9d. ABOVE.		•		
DATE SHOWN IN ITEM 10a. BELOW.	(Check this box only if final comple	etion of any significant purchas	sing office	
action extends more than three months of the completed form upon final accor	s beyond class-out date snown in lite nolishment of all purchasing office a	em 9a. above. In such cases, ctions to the contract administ	ration office.	
(Upon receipt, the contract administrat	ion office shall extend its contract file	e close-out date accordingly.))		
10b. REMARKS				
•				
		-		
nvb				
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE	
100. THE DIAMIE OF RESPONSIBLE OF FIGHE	Iou, Gigitariona			
1	•			



#### CLOSEOUT MEMORANDUM

Contract No.: N00014-91-J-1817

Contractor: DELAWARE STATE COLLEGE

- 1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of \$291,800.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The certification of costs is based on a price analysis performed by the Administrative Contracting Officer (ACO) as explained in paragraph 4 of this document. Any unpaid balances due to the awardee may be paid at this time.
- 2. The subject agreement began on **01 June 1995** and was completed on 31 August **1995**. The total estimated cost of the agreement was \$291,800.00.
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed, and I hereby certify, as ACO, that the total costs are reasonable, allowable and allocable. This price analysis shall serve in lieu of an contract audit closing statement.
- 5. Based on the statement contained in this memo and the supporting documentation, this agreement may be administratively closed.

DOUGLÁS E. HEATON

Administrative Grants Officer

a contaction

REQUEST FOR ADVANCE				by Office of 0. 80-R018	3	ent and		GES
OR REIM			1. TYPE OF PAYMENT REQUESTED	D ADVAN	applicable bo	PARTIAL	2. BASIS OF REQUES  CASH  ACCRUAL	·
1. FEDERAL SPONSORING AGENT WHICH THIS REPORT IS SUBM	CY AND ORGAN	VIZATIONAL ELEMENT TO	4. FEDERAL IDENTIFY BY FEDE	GRANT OR C	THER R ASSIGNED	S. PARTIAL NUMBER	PAYMENT REQUEST	
Office of Na			1	14-91-			<u> 4 Fi</u>	Mal
EMPLOYER IDENTIFICATION NUMBER	7. RECIPIE	ENT'S ACCOUNT NUMBER NTIFYING NUMBER	FROM (men	PERIOD th, day, year)	COVERED	BY THIS F		
510305893	289	91	14 54455			## A # .	4	
RECIPIENT ORGANIZATION			10. PAYEE	(Where shock i	is to be sent is	digerent the	i (Len 8)	
Neme Delaware	State l	Jniversity	Nems	:				
1200 N. D	upont H			Sam	e as f	ł9		
Number Dover, DE	19901		Number and Street					
City, State and ZIP Code :			City, State and ZIP Code	.:				
11. 00	MPUTATION	OF AMOUNT OF REI	MBURSEME	NTS/ADVA	CES REQU	JESTED		
PROGRAMS/FUNCTIONS/AC	CTIVITIES >						TOTAL	
a. Total program	te of date)	\$291,800.00	•		s		<b>\$</b> 291,800.	00
b. Less: Cumulative program	income	0.00					<u> </u>	00
c. Net program outlays (Li	ne a minue	291,800.00					291,800.	00
d. Estimated net cash outlays period	for advance	0.00					0.	00
e. Total (Sum of lines c & d)	· · · ·	291,800.00					291,800.	00
f. Non-Federal share of amou	nt on line e	0.00					0.	00
g. Federal share of amount o	n line e	291,800.00					<u>2</u> 91,800.	00
h. Federal payments previous	ly requested	291,800.00					291,800.	00
i. Federal share now request minus line h)	ted (Line g	0.00					0.	00
J. Advances required by month, when request-	1st month							
ed by Federal grantor agency for use in mak- ing prescheduled ad-	2nd month							
vances	3rd month							<u>.</u>
12.	AL	TERNATE COMPUTAT	ION FOR A	DVANCES (	ONLY		T	
a. Estimated Federal cash out	tlays that will	be made during period	covered by t	he advance			\$	
b. Less: Estimated balance o	f Federal cash	on hand as of beginnin	ng of advanc	e period	· · · · · · · · · · · · · · · · · · ·			
c. Amount requested (Line a	minus line b)	$\langle \rangle$					<b>\$</b> 0.	00
i certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance			K-N	Ili			DATE REQUEST SUBMITTED	<u> </u>
with the grant conditions or of ment and that payment is due been previously requested.		Thomas P.				V.P.	TELEPHONE (AREA CODE, NUMBER, EXTENSION)	0 5101
	ss and	rinan	ce		1(302) 73	y - 313) 		

This space for agency use

Natalie V. Buest

PROCUREMENT TECHNICIAN OFFICE OF NAVAL RESEARCH

FINANCIAL STATUS	REPORT
(Short Form)	
A SANDA SANDA SANDA PAR	ha hacki

		(Short For	m) on the back)		_	Final
Federal Agency to Which Re	and Organizational Elemen port is Submitted	2. Foderal Grant or By Foderal Agen	Other Identifying Number		OMB Appro No. 0348-00:	39 pages
	Naval Research		91 - J - 1817			1 11
Delaware	State University Supont Highway					In a
. Employer Identi	feation Number	5. Recipient Account Number of	r Identifying Number	6. Final Rep	oft No	7. 83.55 Cash (3) Accrusi
<b>510</b> 305893	,	2891				
From: (Month,	Penad (See Instructions) Day, Year) ./91	To: (Month, Day, Year) 8/31/95	9. Period Covered From: (Marill 6/1/	Day, Year)	Ta:	(Monh, Day, Year) 8/31/95
10.Transactions			Previously Reported		l VB mod	Cumulative
■ Youl out.	ays		0.00	291,8	00.00	291,80D.00
b. Recipent	share of outlays	<u>,                                      </u>	0.00		0.00	0.00
c. Federal s	hare of outlays		0.00	291,8	OD.00	291,80D.00
d. Total unit	quidated obligations					0.00
Recipent	share of unliquidated obligi	ations				0.00
L Federal	share of unliquidated obligat	one .				0.00
g. Total Fee	deral share (Sum of lines c	and f)				291,800.00
h Total Fe	deral funds authorized for th	us funding period				291,80D.00
i Unopiga	ited balance of Federal fund	ls (Une h minus line g)				0.00
	a Type of Rate (Place	'X' in appropriate box) Sonal G Prede	etermin <b>ed</b>	□ Fnst		☐ Foxed
11.indirect Expense	b. Rate 8%	c. Base 251,902.00	d. Total An	152.16		20.152.16
13. Certication  Typed or Protection		f my knowledge and belief that ions are for the purposes set f	this cannot is corre	ct and compl cuments.	ete and tha	
Signature of Au				Date R	pon Submit	ted .

Bryant, Natalie

From:

To: Subject:

Date:

Petrosky, Carol Bryant, Natalie FINAL PATENT REPORT Friday, May 10, 1996 10:51AM

1. The negative final patent report for the Grant Number N00014-91-J-1817 with Delaware State University has been accepted and approved.

2. The Contractor has fulfilled all the patent requirements of the Grant.

Carol

#### Bryant, Natalie

From:

To:

Subject:

Bryant, Natalie Bright, Harold Final Technical Certification

Date:

Tuesday, May 07, 1996 10:32AM

Priority:

High

Delaware State University submitted for two Final Technical report s: N00014-93-1-1372 and N00014-91-J-1817. Your approval or disapproval is requested.

5 F

Thanking you in advance!

Natalie V. Bryant Procurement Technician ONR-243

Verbal approval 6 June 96.

	O. A
CONTRACT ADMINISTRATION COMPLETION R	
DEPARTMENT OF THE NAVY OFFICE OF NAVAL RESEARCH - ATLANTA 101 MARIETTA TOWER SUITE 2805 ATLANTA, GEORGIA 30323-0008  4. TO: (Organizational element perforating function checked below)	N00014-91-J-1817  AS AMENDED BY MODIFICATIONS NUMBERS THROUGH P000003-A00000T
FILE	DELAWARE STATE COLLEGE

The contract identified above has been physically completed (i.e., all required deliveres or shipments have been made and/o

Request column 6c or 6d and 6e and 6f be completed with regard to the function checked in column 6u and this form returned to the suspense date indicated in item 1. If only an anticipated date of completion of required actions can be given by the suspense, a subsequent advice of final action is requested.

If contract being closed is classified, send signed copy of this form marked "INFORMATION COPY" to cognizant Industrial

	S	TATUS OF ACTION	(5)	
FUNCTION b	"X" IF REQUIRED ACTION(S) COMPLETED C	ANTICIPATED DATE FOR COMPLETION OF ACTION(S) d	SIGNATURE	DATE
PROPURTY ADMINISTRATION	X		Mich. O. B. Son	4June 19
PLANT CLEARANCE			Mario V X / Colps	17 June 17
CONTRACT TERMINATION				
OTHER (Specify)				
	PROPURTY ADMINISTRATION  PLANT CLEANANCE  CONTRACT TERMINATION	FUNCTION REQUIRED ACTION(S) COMPLETED C PROPURTY ADMINISTRATION  PLANT CLEANANCE  CONTRACT TERMINATION	FUNCTION REQUIRED DATE FOR COMPLETION OF ACTION(S)  PROPURTY ADMINISTRATION X  PLANT CLEARANCE  CONTRACT TERMINATION	FUNCTION  ACTION(S)  COMPLETED  COMPLETED  COMPLETED  COMPLETION  ACTION(S)  FROPURTY  ADMINISTRATION  FLANT CLEANANCE  CONTRACT  TERMINATION  TERMINATION  CONTRACT

TITLE TO PROPERTY ACQUIRED WITH GRANT FUNDS VESTS WITH THE GRANTEE.

<del>  -</del>	7.0.00		
•	TYPED NAME OF RESPONSIBLE OFFICIAL	9. SIGNATURE	IO. DATE
$L_{-}$			

CONTRACT	COMPLETION STA	TEMENT	
1. FROM (Contract Administration Office)		2a. PII NUMBER	<i>7.</i> *
Office of Naval Research	N0001	4-89-K-2031	
Atlanta Regional Office 101 Marietta Street, Suite 2805		2b. LAST MODIFICATION	NUMBER
Atlanta, GA 30323-0008			P00024
(POC: DOUGLAS E. HEATON /404-730-9257)		2c. CALL/ORDER NUMBE	R
(100. B000ERS E. HEATON 7404-750-9257)			
3. TO: (Name and Address of Purchasing Office and Office Symbols of the	he PCO, if known)	4. CONTRACTING IDENT	
Г	7	CODE AND ADDRESS	
DFAS Charleston - OPLC	l		
Vendor Pay and Travel Division		UNIVERSITY RES	EARCH FOUNDATION
Code (FP)			
P.O. Box 118054		5. EXCESS FUNDS	YES 🛛 NO
Charleston, SC 29423-8054	1		\$0.00
O. JE ENAL BANGLENT HAS DEFINED BY		-	
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b, AND 6c.	6b. VOUCHER NUMBER	(	6c. DATE
7a. IF FINAL APPROVED INVOICE FORWARDED TO D. O. OR ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b AND 7c.	7b. INVOICE NUMBER	7	c. DATE FORWARD
8. REMARKS			
1. Performance on N00014-89-K-2031 for University	Research Foundation is co	omplete. Forwarded	for processing are pertient
closing documents to support full payment of 3,353,2	60.00.		
2. 3,353,260.00 Funds obligated by the Grant			
3,353,260.00 Allowable costs (includes \$3,35 Excess funds to be deobligated	_ ·		
\$ 0.00 Excess funds to be deobligated	1		
Copy to: 21/822 (w/copy of closeout documents)			
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTR		ACCOMPLISHED. THIS INC	LUDES
9b. TYPED NAME OF RESPONSIBLE OFFICIAL	9c. SIGNATURE 1		9d. DATE
DOUGLAS E. HEATON	$( \mid \mid$	Notes	11 - 100 61
Administrative Contracting Officer	Loughas .	(Manor)	11 JUN 76
	CHASING OFFICE USE ONL		
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FU OF THIS OFFICE IS HEREBY CLOSED AS OF:	ILLY AND SATISFACTORILY ACC	COMPLISHED. CONTRACT	FILE
DATE SHOWN IN ITEM 9d. ABOVE.			
☐ DATE SHOWN IN ITEM 10a. BELOW.	(Check this box only if final comple	tion of any significant purchas	ing office
action extends more than three months i	beyond class-out date shown in ilte	m 9d. above. In such cases,	submit a copy
of the completed form upon final accomp (Upon receipt, the contract administratio			ation oπice.
10b. REMARKS			
nvb			
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE

#### CLOSEOUT MEMORANDUM

Contract No.: N00014-89-K-2031

Contractor: UNIVERSITY RESEARCH FOUNDATION

- 1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of \$3,353,260.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The certification of costs is based on a price analysis performed by the Administrative Contracting Officer (ACO) as explained in paragraph 4 of this document. Any unpaid balances due to the awardee may be paid at this time.
- 2. The subject agreement began on 25 August 1989 and was completed on 24 August 1992. The total estimated cost of the agreement was \$3,353,260.00.
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed, and I hereby certify, as ACO, that the total costs are reasonable, allowable and allocable. This price analysis shall serve in lieu of an contract audit closing statement.
- 5. Based on the statement contained in this memo and the supporting documentation, this agreement may be administratively closed.

DOUGLAS E. HEATON

Administrative Contracting Officer



#### **DEPARTMENT OF THE NAVY**

OFFICE OF NAVAL RESEARCH ATLANTA REGIONAL OFFICE 101 MARIETTA TOWER 101 MARIETTA ST., SUITE 2805 ATLANTA, GEORGIA 30323

IN REPLY REFER TO

243-ATL:DEH:mc UNRF/N00014-89-K-2031 27 June 1994

From: Office of Naval Research, Atlanta Regional Office, Atlanta

Georgia

To: Naval Research Laboratory, Attn: Code 3220/Raymond A. Patten,

4555 Overlook Ave., S.W., Washington, DC 20375-5000

SUBJ: CONTRACT N00014-89-K-2031 WITH UNIVERSITY RESEARCH

FOUNDATION

1. This office is in the process of closing the subject contract. We have been advised that the final technical report has been submitted.

- 2. So that closeout may continue, please provide this office with certification of technical completion of the contract.
- 3. Any questions should be directed to Mr. Douglas E. Heaton, ACO, at telephone no. (404)730-9257.

MICHELLE COPELAND

Procurement Technician

DO NOT DETACH

FIRST ENDORSEMENT ON ONRRR/Atlanta ltr dtd

I certify that all technical requirements under this contract have been completed.

Scientific Officer

DR RAYMOND A. PATTEN, COTR NO0014-89-K-2031

8/23/94

Date 23 AUGUST 1994

PLANT CLEANANCE  CONTRACT TERMINATION  OTHER (Specify)  The purpose of this modification is to transfer the accountability of GFE under N00014-89-K-2031 to Contract N00014-94-C-2206(Ref. to P00024)  Final DD 1662 was Negative.	COi	HTRACT ADMINISTRA	TION COMPLE	TION RECORD		1. SUSPENSE DATE	
DEPARTMENT OF THE NAVY ATLANTA REGIONAL OFFICE  101 MARIETTA TOWER, SUITE 2805 ATLANTA, GA 3023-0008  ATLANTA, GA 3023-0008  THROUGH  FILE  UNIVERSITY RESEARCH GREENBELT, MD  The contract identified above has been physically completed (i.e., all required delivers or subjunction have been services performed or feminicated).  The contract identified above has been physically completed (i.e., all required delivers or subjunction have been services performed or feminicated).  The contract identified above has been physically completed (i.e., all required delivers or subjunction have been services performed or feminicated).  The contract identified above has been physically completed (i.e., all required delivers or subjunction and this form the suspense date indicated in item 1. If only an entitipated date of completion of required actions can be given the suspense date indicated in item 1. If only an entitipated date of completion of required actions can be given date, a closed is classified, send signed copy of this form marked "INFORMATION COPY" to cognizan scaling and this form marked "INFORMATION COPY" to cognizan scaling and this form marked "INFORMATION COPY" to cognizan and the subjunction of actions of the subjunction of th						S CONTRACT WILLIAM	
AS AMENDED BY MODIFICATION.  TO TOTALIZE HONE HAVE A SOURCE AT LANTA, GA 30323-0008  THOUGH  FILE  The contract identified whove has been physically completed (1. w. all required deliveres or shipments have been services performed or feminated).  The contract identified whove has been physically completed (1. w. all required deliveres or shipments have been services performed or feminated).  The contract identified whove has been physically completed (1. w. all required deliveres or shipments have been services performed or feminated).  The contract identified whove has been physically completed (1. w. all required deliveres or shipments have been services performed or feminated).  The contract dentified whove has been physically completed (1. w. all required deliveres or shipments have been services performed or feminated).  The contract being closed is classified, send signed copy of this form marked "INFORMATION COPY" to cognizan security Office.  STATUS OF ACTION(5)  "X" FUNCTION REQUIRED ATTICKED OF ACTION(5)  "X" FUNCTION REQUIRED ATTICKED OF ACTION(5)  "X" FUNCTION ACTION(5)  "X" FUNCTI	DEPARTMEN	NT OF THE NAVY					, # <b>*</b>
AS AMENORD BY MODIFICATION THROUGH  TO (Granifestional standard participation characted balow)  FILE  The contract identified above has been physically completed (i.e., all required deliverss or adipments have bounded as performed or terminated).  Request column 6c or 6d and 6c and 6f be completed with regard to the function characted in column 6 as and this for the suspense date indicated in item 1. If only as anticipated date of completion of required actions can be given that suspense date indicated in item 1. If only as anticipated date of completion of required actions be considered.  Year of the suspense date indicated is classified, send signed copy of this form marked "INFORMATION COPY" to cognizan Security Office.  STATUS OF ACTIONS)  ANTICIPATED  ANTICIPATED  COMPLETED  ANTICIPATED  COMPLETED  OF ACTIONS  SIGNATURE  CONTRACT  TERMINATION  OTHER (Specify)  AREMARKS  The purpose of this modification is to transfer the accountability of GFE under N00014-89-R-2031 to Contract N00014-94-C-2206(Ref. to P00024)  Final DD 1662 was Negative.						N00014-89-K-2031	*
The contract identified above has been physically completed (i.e., all required deliveries or abjuncts have been physically completed (i.e., all required deliveries or abjuncts have been services performed or terminated).  The contract identified above has been physically completed (i.e., all required deliveries or abjuncts have been services performed or terminated).  The contract identified above has been physically completed (i.e., all required deliveries or abjuncts have been services performed or terminated).  The contract identified above has been physically completed (i.e., all required deliveries or abjuncts have been services performed or terminated in item 1. If only an anticipated date of completion of required actions can be given districted as the function of required actions can be given districted.  If contract being closed is classified, send signed copy of this form marked "INFORMATION COPY" to cognizan actions of the send of the send of the function of required actions can be given districted.  STATUS OF ACTION(S)  "X" FUNCTION SIGNATURE  COPPLETION SIGNATURE  COPPLETION SIGNATURE  COPPLETION OF ACTION(S)  PROPURTY  ADMINISTRATION X  PLANT CLEARANCE  CONTRACT  CONTRACT  TRANSPORTED TO CONTRACT IN THE ACTION OF ACTION	101 MARIE	ETTA TOWER, SUITE	2805				
The contract identified above has been physically completed (i.e., all required deliveres or supments have been services performed or teminated).  The contract identified above has been physically completed (i.e., all required deliveres or supments have been services performed or teminated).  Request column 6c or 6d and 6e and 6f be completed with regard to the function checked in column 6u and this for the suspense date indicated in item 1. If only an anticipated date of completion of required actions can be given diste, a compared the suspense date indicated in item 1. If only an anticipated date of completion of required actions can be given diste, a compared to the function checked in column 6u and this form marked "INFORMATION COPY" to cognizan Sacurity Office.  STATUS OF ACTION(5)  "X"  FUNCTION  REQUIRED  ONA CTION(5)  PROPERTY  ADMINISTRATION  A DISCIPATED  OF ACTION(5)  PROPERTY  ADMINISTRATION  A DISCIPATED  OTHER (Specify)  A DISCIPATED  OTHER (Specify)  A DISCIPATED  OTHER (Specify)  The purpose of this modification is to transfer the accountability of GFE under NOU014-89-K-2031 to Contract NOU014-94-C-2206(Ref. to PO0024)  Final DD 1662 was Negative.	ATLANTA,	GA 30323-0008					TONS NUMBERED
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The contract identified above has been physically completed (i.e., all required deliveres or shipments have been services performed or teminated).  Request column 6 or 5d and 6s and 6f be completed with regard to the function checked in column 6a and this for the suspense date indicated in item 1. If only an anticipated date of completion of required actions can be given date, a cubacquent advice of final action is requested.  If contract being closed is classified, send sequested.  If contract being closed is classified, send sequested.  STATUS OF ACTION(5)  STATUS OF ACTION(5)  STATUS OF ACTION(5)  SIGNATURE  ANTICIPATED  ANTICIPATED  SIGNATURE  OF ACTION(5)  SIGNATURE  CONTRACT  The purpose of this modification is to transfer the accountability of GFE under NO0014-89-K-2031 to Contract N00014-94-C-2206(Ref. to P00024)  Final DD 1662 was Negative.				•			
The contract identified above has been physically completed (1.e., all required deliveres or shipments have been services performed or teaminated).  Request column Go of 6d and 6e and 6f be completed with regard to the function checked in column 6. and this for the suspense date indicated in item 1. If only an anticipated date of completion of required actions can be given date, a cubsequent advice of final action is required.  If contract being closed is classified, send signed copy of this form marked "INFORMATION COPY" to cognizan Security Office.  STATUS OF ACTION(5)  "X" FUNCTION SCOTTINGS COMPLETED OF ACTION(5)  "X" FUNCTION SCOTTINGS COMPLETED OF ACTION(5)  "X" FUNCTION SCOTTINGS COMPLETED OF ACTION(5)  "Y" ACMINISTRATION X SIGNATURE  CONTRACT TERMINATION X SULface Contract TERMINATION OTHER (Specify)  The purpose of this modification is to transfer the accountability of GFE under N00014-89-K-2031 to Contract N00014-94-C-2206(Ref. to P00024)  Final DD 1662 was Negative.		FILE				UNIVERSITY RESEARCE	CH FOUNDATIO
Request column for or 6d and 6s and 6f be completed with regard to the function checked in column 6s and this for the suspense date indicated in item 1. If only an anticipated date of completion of required actions can be given date, a subsequent asvice of final action is requested.  If contract being closed is classified, send signed copy of this form marked "INFORMATION COPY" to cognize a scenary Office.  STATUS OF ACTION(S)  "X" FUNCTION REQUIRED CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT TERMINATION  PLANT CLEANANCE  CONTRACT TERMINATION  OTHER (Specify)  AREMARKA  The purpose of this modification is to transfer the accountability of GFE under N00014-89-K-2031 to Contract N00014-94-C-2206(Ref. to P00024)  Final DD 1662 was Negative.						GREENBELT, MD	
Request column for or 6d and 6s and 6f be completed with regard to the function checked in column 6s and this for the suspense date indicated in item 1. If only an anticipated date of completion of required actions can be given date, a subsequent asvice of final action is requested.  If contract being closed is classified, send signed copy of this form marked "INFORMATION COPY" to cognize a scenary Office.  STATUS OF ACTION(S)  "X" FUNCTION REQUIRED CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT TERMINATION  PLANT CLEANANCE  CONTRACT TERMINATION  OTHER (Specify)  AREMARKA  The purpose of this modification is to transfer the accountability of GFE under N00014-89-K-2031 to Contract N00014-94-C-2206(Ref. to P00024)  Final DD 1662 was Negative.							
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If contract being closed is classified, send signed copy of this form marked "INFORMATION COPY" to cognizan Security Office.  STATUS OF ACTION(S)  "X" FUNCTION REQUIRED COMPLETED OF ACTION(S)  "X" FUNCTION REQUIRED COMPLETED OF ACTION(S)  PROPERTY  X ADMINISTRATION X  PLANT CLEARANCE  CONTHACT TERMINATION  OTHER (Specify)  The purpose of this modification is to transfer the accountability of GFE under NO0014-89-K-2031 to Contract N00014-94-C-2206(Ref. to P00024)  Final DD 1662 was Negative.	Request coli	umn 6c or 6d and 6e and e date indicated in item	of be completed w	with regard to the f	unction c	hecked in column on and this	s form returned b
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	N00014-89	9-K-2031 to Contra	act N00014-94	transfer the -C-2206(Ref.	accou to P00	ntability of GFE und	er
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TYPED NAME OF RESPONSIBLE OFFICIAL 9. SIGNATURE	TYPED NAME	E OF RESPONSIBLE OFFI	CIAL	I SIGNATURE			Υ
9. SIGNATURE		· ······· ON SIGLE UP FI		J. SIGNATURE			10. DATE

DD [FORM] 1593



#### DEPARTMENT OF THE NAVY NAVAL RESEARCH LABORATORY WASHINGTON D C 20375-5320

4200/ 3220/

DATE: 11APR96

FROM: CONTRACTING OFFICER, NAVAL RESEARCH LABORATORY,

WASHINGTON, DC 20375-5326

DEPT OF NAVY

TO:

ONRRR-ATLANTA

101 MARIETTA TOWER

101 MARIETTA ST., SUITE 2805

ATLANTA GA 30323

SUBJ:

CONTRACTOR'S FINAL REPORT OF INVENTIONS AND SUBCONTRACTS

UNDER CONTRACT NOO014-89-K-2031

WITH UNIVERSITY RESEARCH FOUNDATION

**REF:** (A) 243-ATL:DEH:mc UNRF/NO0014-89-K-2031

IN REPLY TO REFERENCE (A), CONTRACTORS FINAL REPORT OF INVENTIONS AND SUBCONTRACTS WAS RECEIVED 29JAN96 AND ACCEPTED 18MAR96

> WILBERENA CONAWAY CONTRACTING OFFICER



#### **CONTRACTOR'S RELEASE**

Pursuant to the terms of Contract dated August 25, 1989 and in consideration of the sum of three million three hundred and fifty three thousand two hundred and sixty dollars (\$3,353,260) which has been or is to be paid under the said Contract to The University Research Foundation (hereinafter called the Contractor) or its assignees, if any, the Contractor, upon payment of the said sum by The United States Government, does remiss, release, and discharge The United States Government, its officers, agents and employees, of and from all liabilities, obligations, claims and demands whatsoever under or arising from the said Contract, except:

- 1. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor, as follows:
- 2. Claims, together with reasonable expenses incidental thereto, based on the liabilities of the Contractor to third parties arising out of the performance of the said Contract, which are not known to the Contractor on the date of the execution of this release and of which the Contractor gives notice in writing to The United States Government, within the period specified in the said Contract.
- 3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of its indemnification of The United States Government, against patent liability), including reasonable expenses incidental thereto, incurred by the Contractor under the provisions of the said contract relating to patents.

The Contractor agrees in connection with patent matters and with claims which are not released as set forth above, that it will comply with all of the provisions of the said Contract, including without limitation those provisions relating to notification to The United States Government, and relating to the defense or prosecution of litigation.

This release has been executed this \_\_\_\_\_ / 7 day of \_\_\_\_\_\_ day of \_\_\_\_\_\_ 19 94 .

By Dr. Norris J. Krone, Jr.

Title President, University Research Foundation

## SUBCONTRACTOR'S ASSIGNMENT OF REFUNDS, REBATES, CREDITS AND OTHER AMOUNTS

Pursuant to the terms of Contract dated August 25, 1989 and in consideration of the reimbursement of costs and payment of fees, as provided in the said Contract any assignment thereunder, University Research Foundation (hereinafter called the Contractor) does hereby:

- 1. Assign, transfer, set over and release to The United States Government all rights, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of said Contract, together with all the rights of action accrued or which may hereafter accrue thereunder, (except those for refunds, rebates, or credits for taxes paid to a State or any political subdivision thereof).
- 2. Agree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits and other amounts (including any interest thereon) due or which may become due and to promptly forward to The United States Government any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by The United States Government, as stated in the said Contract and may be applied to reduce any amounts otherwise payable to The United States Government, under the terms hereof.
- 3. Agree to cooperate fully with The United States Government, as to any claim or suit in connection with refunds, rebates, credits or other amounts due (including any interest thereon); to execute any protest, pleading, application, power of attorney or other paper in connection wherewith; and to permit The United States Government to represent it at any hearing, trial or other proceedings, arising out of such claim or suit.
- 4. In the event the Contractor obtains or receives any refund, rebate or credit for taxes paid to a State or any political subdivision thereof, in connection with the performance of the Contract, and for which the Contractor is paid or reimbursed by The United States Government, the Contractor agrees to pay over to The United States Government, an amount equal to such refund or credit (including interest paid or credited to the Contractor incident to such refund or credit to the extent such interest was earned after the Contractor was paid or reimbursed by The United States Government for such taxes). In the event the Contractor receives any benefit in lieu of or in addition to such refund, rebate or credit, the Contractor agrees to pay over to The United States Government, an amount equal to such benefit.

This release has been executed this _	
	Margaroned
	By Dr Norris I Krone Ir

Title President, University Research Foundation

Standard Form 1034 Revised January 1980 Department of the Frea 1 (FRM 4-2000	sury		VOUCHER FO			)		voucher no. 42
U.S. DEPARTMENT BU Office of N	reau, or estae aval Res	BLISHMENT AND LOCATION		TE VOUCHER PREPARED				SCHEDULE NO.
Resident Re 1931 Crysta	l Mall -	Bldg 3	co	ntract number and 00014-89-K-2	DATE	8/25/8		PAID BY
Washington	DC 2077	0		Duisition number and 19070–89	ND DATE	8/25/8	39	
PAYEE'S		ity Research			٦			
NAME AND		y Lane, Suite lt, MD 20770	110					DATE INVOICE RECEIVED
ADDRESS					ı			DISCOUNT TERMS
_					_			PAYEE'S ACCOUNT NUMBER
SHIPPED FROM			10		٧	VEIGHT		GOVERNMENT B/L NUMBER
NUMBER	DATE OF	ART (Enter description, item	TICLES OR SERVICES	or Federal sunnly	QUAN-	UNIT	PRICE	AMOUNT
AND DATE OF ORDER	DELIVERY OR SERVICE	schedule, and other inf	ormation deemed neces	sary)	TITY	COST	PER	(1)
	2/4/92 to 8/24/92	-						\$0.00
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PROVISIONAL		= \$		=\$1.00	Oirr	EKCINCES		
COMPLETE PARTIAL	BY <sup>2</sup>					<del></del>		
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PROGRESS  ADVANCE	TITLE				(Signature	or initials)		
	vested in me,	Cauthorized Certify	flati- lying Officer)?	DOUC Admi	GLAS E. nistrative	Contracti	ing Officiale)	cer
			ACCOUNTING	CLASSIFICATION				
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X C		DATE		PAYEE 1	- <del> </del>			and the state of t
Z CASH		DATE		PATEE				
otherwise the approx <sup>3</sup> When a voucher of or corporate name of	ថាក្រុង ខេត្ត ខេត្តបានថា ខេត្ត ប្រើសែខវា មហៈ ប្រាប្បធាន ខេត្តបាន ទៅសារ ខេត្តបាន ខេត្តបាន	ert name of currency ty to approve are combi- sign in the space provides tame of a company or con- pacity in which he signs, eril as the fase may be	d, over his official lifts peration, the nume of	to terring or ing the	.empany	PER		
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PRIVACY ACT STATEMENT
The information requested on this form is required under the processors of 31 U.S.C. 82b and 82c, for the purpose of sourceing Foderal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure this information will hinder discharge of the payment inhightion.

Standard Form 1035 September 1973 4 Treasury FRM 2000 1035-113-01

## PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO. 42. SCHEDULE NO. SHEET NO.

Exception approved by NARS, 10-77

CONTINUATION SHEET

1

		CONTINUATION SHEE	<u>T</u>			<u> </u>	
S. DEPARTMENT	, BUREAU, OR ESTA	Naval Research Laboratory	አነበበበ1	4-89-K-	-2031		
NUMBER DATE OF		ARTICLES OR SERVICES	QUAN-		PRICE	AMOUNT	
AND DATE OF ORDER	DELIVERY OR SERVICE	(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	TITY	COST	PER		
	2/4/92						
	to	Analysis of Claimed Current and					
	8/24/92	Cumulative Costs				}	
			CITE	RENT		CUMULATIVE	
			COR			COHOLATIVE	
		DIRECT LABOR	0	00		837,810.43	
		DIRECT COSTS					
		Equipment	0	00		79,455.32	
		Travel	0	.00		65,409.10	
		Training	0	.00		1,094.94	
	[	Medical	0	.00		2,138.82	
		Subcontract		.00		1,539,158.00	
		Other	0	.00		20.00	
			-				
			0	.00		1,687,276.18	
		INDIRECT COSTS					
		Fringe	0	00		302,619.04	
		Overhead		00	, 1	409,094.76	
			-				
			0	.00		711,713.80	
		Total Costs	0	.00		3,236,800.41	
		FEE	0	.00		116,459.63	
		TOTAL BILLING	0	.00		3,353,260.04	
	]						
	]		}				
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Revised October 1987		LIC VOI	UCHER F	OR PURCHASE	SAM		•	VOUCHER NO.
Department of the Trees. 2 TFM 4-2000 1006-121	<b>"</b> .			THAN PERSO		. (		24 Final
		TABLISHMENT AND LOCATION	E	ATE VOUCHER PREPARE	D 7/	1/88		SCHEDULE NO.
Commandii U.S. Nav		al Finance Center		2/20/92 ONTRACT NUMBER AND		/31/91		DAID BY
		tn: Code 40						PAID BY
		0371-5400	F	NOOO14-88K-				
		•				•		
_					_			
DANGERO	CAS	e western reserve i	UNIVERS	ITY	•			,
PAYEE'S NAME		TROLLER'S-GRANTS AG	CCOUNTI	NG				DATE INVOICE RECEIVED
AND ADDRESS		C ONE THIRD FLOOR						,
		00 EUCLID AVENUE VELAND OH 44106-70	206					DISCOUNT TERMS
· L	CDE	ARTHUD OU -4-1100-14	<b></b> 0					PAYER'S ACCOUNT NUMBER
Organic B	Ferro Lal	b			H. I	shida	į	221-3500-6795
SHIPPED FROM		то				EIGHT		GOVERNMENT B/L NUMBER
<b>N</b> 11 40 55	T 5							
NUMBER AND DATE	DATE OF DELIVERY	(Enter description, item numb	OR SERVICE per of contract	S et or Federal supply	QUAN- TITY		PRICE	AMOUNT
OF ORDER	OR SERVICE	schedule, and other info	rmation deer	ned necessary)	1117	COST	PER	(1)
	12/1/91	For details see	contin	uation sheet				
				_				
	to	Total Amount cla		ransferred	(	CURREN.	ŗ	\$129.86
	12/31/91	from page 1035-1	4.					
	12/31/91	Cost Reimbursabl	le					
(Use continuation she	et(e) if necessari	/Payes =	NOT					4100.00
PAYMENT:	APPROVED I		EXCHANG	ISE TATE			TOTAL	L \$129.86
PROVISIONAL		=\$		=\$1.00	DEFFE	RENCES		-
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☑ FBNAL				-				
PROGRESS	TITLE		7		(Signature o	rerified; correc	et for	
ADVANCE	]	1,12			,			
Pursuant to authority ve	sted in mel/1 cert	tify that the voucher is correct and prop	er for payment	1		<i>L1</i>		j .
11/15/90	5 / 10	1/1/	_	$Ad\alpha$	راسيرا م	at Il	أرام	Tout
(Date)	1 1 11 11	(Authorized Certifying Officer,	<del>):                                    </del>	<u>44/4</u>	IKIVI	NINO	(J/U (Title)	1/40/1V9
		AC	COUNTING	CLASSIFICATION				-MF/Cir
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la santana								
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CASH		DATE		PAYEE 3				
s		<del>,=</del>						
When stated in foreign	currency, insert no	ame of currency. approve are combined in one person,	one sierat		T	PER		
approving officer will sig	m in the space or	approve are combined in one person, ovided, over his official title. If the name of a company or corporation, the name		-				
name, as well as the cas "Treesurer", as the case	pacity in which he	e signs, must appear. For example: "Joi	hn Doe Compa	ny, per John Smith, Secreta	porate ky", or	TITLE		į
vious adition usable	anay ue.						<del></del>	NSN 7540-00-900-223

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the particular creditor and the amounts to be paid.

,	Sected Fore 1034 Period October 1987 Department of the Treasur 2 TFM 4-2000 3064-121	"			OR PURCHASE THAN PERSON				voucher No. 24 Final
·	Commandi	ng Office		. 0	ATE VOUCHER PREPARE	17.	1/88 /31/91		SCHEDULE NO.
-		n 206 Att	l Finance Center n: Code 40 371-5400		ONTRACT NUMBER AND NOOO14-88K-EOURSTION NUMBER AND	DATE -0631			PAID BY
	PAYEE'S NAME AND	CONT	WESTERN RESERVE U			٦			DATE INVOICE RECEIVED
	ADDRESS	1090	ONE THIRD FLOOR O EUCLID AVENUE ELAND OH 44106-70	06		<u>.</u>			DISCOUNT TERMS
į	Organic E	erro Lab			4-7-M		shida		PAYEE'S ACCOUNT NUMBER 221-3500-6795
	NUMBER	DATE OF	ARTICLES C	D CERVICE	-6	W	EBGHT		GOVERNMENT B/L NUMBER
	AND DATE OF ORDER	DELIVERY OR SERVICE	(Enter description, item number schedule, and other infon	er of contract	t or Federal supply	QUAN- TITY	COST	PRICE PER	AMOUNT (1)
		12/1/91 to 12/31/91	For details see Total Amount cla from page 1035-A Cost Reimbursabl	imed t		(	CURREN	ľ	\$129.86
F	(Use continuation shee	at(s) if necessary)  APPROVED FO		EXCHANG	ise the space be	low)		TOTAL	\$129.86
•	PROVISIONAL COMPLETE PARTIAL FINAL PROGRESS ADVANCE	BY 2	=\$	)	=\$1.00	Amount v	erilied; correc	et for	
	Pursuant to authority ve	sted in meld certify	(Authorized Certifying Officer)		Admi	WIS/	AINS	Title)	Tracting OFFICER
					·	<u> </u>			
ÀB Q	CHECK NUMBER		ON ACCOUNT OF U.S. TR	REASURY	CHECK NUMBER	· · · · · ·	ON (Nam	e of bani	k
S S	CASH \$		DATE		PAYEE 3				
	approving officer will sig When a voucher is rece	and authority to ap in the space provipted in the name of pacity in which he	ne of currency, oprove are combined in one person, or rided, over his official title. of a company or corporation, the name signs, must appear. For example: "Johi	of the nerson	writing the company or an	ise the	PER ITTLE		
<u></u>	rious edition usable	· may ut.		<del></del>					NSN 7540-00-900-223

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Spatial Form 1034 Revised October 1967 Department of the Treasu 2 TFM 4-2000 1004-121	7			FOR PURCHASE R THAN PERSO				voucher No. 24 Final
	MUREAU, OR ESTA	BLISHMENT AND LOCATION	2.0	DATE VOUCHER PREPARE	17.	1/88		SCHEDULE NO.
		l Finance Cente	er l	2/20/92 CONTRACT NUMBER AND		/31/91		PAID BY
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					7			oover annext by a nomber
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTIC (Enter description, item schedule, and other	LES OR SERVIC	ct or Federal supply	QUAN- TITY	UNIT	PRICE	AMOUNT (1)
	12/1/91 to 12/31/91	For details s Total Amount from page 103 Cost Reimburs	claimed t 85-A. sable	ransferred	(	CURREN	•	\$129.86
(Use continuation shee PAYMENT:	, <u> </u>			use the space be	low)		TOTAL	\$129.86
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☐ COMPLETE	BY <sup>2</sup>			=51.00				
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FINAL PROGRESS					Amount v	enitied; correc	ct for	
☐ VOANKE	TITLE	(),,,,	/		(Signature o	r initials)		
Pursuant to authority ve	sted in medicertify	(Authorized Certifying of	Officer) 2	CLASSIFICATION	MSI	AINO	(Title)	Tracting
CHECK NUMBER		ON ACCOUNT OF U	J.S. TREASURY	CHECK NUMBER		ON (Nam	e of bank	· · · · · · · · · · · · · · · · · · ·
*When stated in foreign of	currency, insert nen	ne of currency.				PER		
2If the ability to certify a approving officer will sig 3When a voucher is rece	and authority to ap in the space provioted in the name of	prove are combined in one prided, over his official title.  of a company or corporation, the signs, must appear. For example	name of the perso	C writing the company or or	rise the	ITLE		
"Treasurer", as the case evious edition usable	may be.	эуна, низк арреат. гот ехатри	o. SUINT DOE COMP.	any, per John Smith, Secret	ary", or			NSN 7540-00-900-222

September 1973 4 Treasury FRM 2000 1035-110

## PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

YOUGHER NO. 24 Final schedule No.

,			<b>-</b> 1174			SHEET NO.
,	CONTI					
S. DEPARTMENT, BUREAU, OR ESTAB	LISHMENT 2	21-3500-6795				
NUMBER DATE OF	ARTICLES OR SE	RVICES	UN		PRICE	AMOUNT
OF ORDER DELIVERY OR SERVICE	(Enter description, item number of c schedule, and other information	ontract or Federal supply a deemed necessary)	QUAN-	COST	PER	
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Salaries Fringe Supplies Internal Travel Comm & S Equipmer Maint & Fellowsh Overhead	Services hipping t Repairs ip	e for appropriate with the agreement on and award do	orted to the purpose ocuments	poses set ts."		96,183.59 18,332.58 20,987.37 652.00 4,315.52 1,282.75 79,150.95 4,360.84 1,049.51 74,639.00 (954.11) 300,000.00

September 1973 4 Treasury FRM 2000 1035-110

# PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

24 Final
SCHEDULE NO.

SHEET NO.

CONTINUATION SHEET

I.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT 221-3500-6795										
NUMBER AND DATE	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply		QUAN-	UNIT PRICE		AMOUNT			
OF ORDER		schedule, and other informatio	ation deemed necessary)	TITY	COST	PER				
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	l .	s accounting		CONTR	ACT NO	- <u>NO</u>	0014-88K-063			
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LEVELAND	OH 4410	6-7006					İ			
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		Services	0				652.00			
	Travel		0	ļ			4,315.52			
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September 1973 4 Treasury FRM 2000 1035-110

# PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

24 Final
SCHEDULE NO.

SHEET NO.

CONTINUATION SHEET

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT 221-3500-6795											
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SER (Enter description, item number of co schedule, and other information	ntract or Federal supply	QUAN-	UNIT I	PER	AMOUNT				
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non requested on this routh is required under the provisions of 31 U.S.C. 820 and 62c, for the purpose of disbursing Federal money.

CONTRA	CT COMPLETION STA	TEMEN		
FRONL(Contract Administration office)     Office of Naval Research		2a. PH NUMBER		
Regional Office		N00014-88-K-063	B <b>1</b>	
536 South Clark St., Room 208		2b. LAST MODIFICATION NUMBER		
Chicago, IL 60605-1588		P00001		
,		2c. CALL/ORDER NUMBER		
			•	
2. TO: (Name and Address of Purchasing Office and Office symbol	of the PCO, If known)	4. CONTRACTOR IDENTIT	V CODE AND ADDRESS	
	•			
Department of Naval Research		Case Western Re 10900 Euclid Ave	serve University	
Office of the Chief of Naval Research		Cleveland, OH 44	106	
800 North Quincy Street		Oleveland, Ori 44	100	
Arlington, VA 22217-5660		5. EXCESS FLINDS	Г	
		5. EXCESS FUNDS	L YES L NO	
So IF FINAL DAVAGENTURA		<b>3</b>		
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.	4b. VOUCHER NUMBER		C. DATE	
7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O.	7b. INVOICE NUMBER		7c. DATE FORWARDED	
OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS	į.		- <b>f</b>	
UNKNOWN, COMPLETE ITEMS 7b. AND 7c.  8. REMARKS	24		11/8/95	
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAT FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION C	VE BEEN FULLY AND SAT	TISFACTORILY ACCOMPLI	SHED. THIS INCLUDES	
Todd Frye ACO	9c. SIGNATURE	9d. DATE		
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FOR PUE	CHASING OFFICE USE O	NLY.	11/1/	
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e BELOW (Chextends more than three months beyond completed form upon final accomplishmen receipt, the contract administration office s	eck this box only if final c close-out date shown in it	completion of any signification and such case the such cas	nt purchasing office action ses, submit a copy of the	
10b. REMARKS				
•				
0c. TYPED NAME OF RESPONSIBLE OFFICIAL hirley Wilson	IOd. SIGNATURE		10e. DATE	
			DATE	
			.	

CONTRAC	T COMPLETION STA	TEMENT			
1. FROM:(Contract Administration Office)	,	2a. PII NUMBER			
Office of Naval Research		N00014-87-K-0811			
Regional Office 101 Marietta Tower,Suite 2805		2b. LAST MODIFICATION NUM	IBER .		
101 Marietta Street		P00005			
Atlanta, GA 30303		2c. CALL/ORDER NUMBER			
Atlanta, GA 30303					
2. TO: (Name and Address of Purchasing Office and Office symbol	of the PCO, If known)	4. CONTRACTOR IDENTITY			
	+	University of Maryland			
Defense Finance Accounting Service		= :: :	d Grant Acct. Rm.1410		
Charleston Operating Location		College Park, MD 20742	2		
Attn: FPVG					
P.O. Box 71489		5. EXCESS FUNDS	YES NO		
North Charleston, SC 2914-1489	•	\$119.38			
			<u> </u>		
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.	6b. VOUCHER NUMBER		6c. DATE		
7a.IF FINAL APPROVED INVOICE FORWARDED TO D.O.	7b. INVOICE NUMBER		7c. DATE FORWARDED		
OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.		:			
8. REMARKS					
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	•	mount billed	ni dol		
\$	119.38 Unexpe				
Final voucher No. 28899-12 in the amount of \$0.00 the amount of \$119.38 is in the file. The Office of Na					
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HA		TISFACTORILY ACCOMPLIS	HED. THIS INCLUDES		
9b. TYPED NAME OF RESPONSIBLE OFFICIAL /	9c. SIGNATURE//	1/1	9d. DATE		
Douglas Heaton ACO	6,20,000	Nath	T MAY 96		
	k ougust	year	10 11111 18		
FOR PU	RCHASING OFFICE USE	ONLY			
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:  □ DATE SHOWN IN ITEM 9d ABOVE □ DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))					
10b, REMARKS					
	·				
		•			
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE		

DATE: May 6, 1996

Subject Grant/Contract No.: N00014-87-K-0811	
Grantee/Contractor: <u>University of Maryland at College Park</u>	_

- 1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of \$846,130.62 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. University of Maryland is a HHS cognizant institution. The contract is over \$500,000.00. The basis for certifying is the costs is the fact that the contract expired before January 1, 1991 and review as explained in paragraph 4 below. Excess funds in the amount of \$119.38 remain on this amount. The Office of Naval Research should take action to deobligate these funds. The final voucher no. 28899-12, dated 11/18/91 is in the file.
- 2. The subject contract began on 01 October 1987 and was completed on 30 September 1990. The total estimated cost of the contract was \$978,999.00.
- 3. The contractor has met all obligations under the referenced contract, including the following. The Final Technical and Patent Report was accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The HHS accepted A-110 audit covering the period of performance reported that the Contractor has a financial system in place that protects the interest of the Federal Government.
- b. Specific finding, with regard to the individual cost elements, are as follows:
  - (1) Direct Labor & Fringe Benefits Amounts charged were in agreement with those initially proposed.
  - (2) Overhead Contractor charged the correct HHS negotiated on-campus rate.
  - (3) Materials/Supplies Contractor charged what was budgeted.
  - (4) Travel Travel was at budget and all domestic.
  - (5) Equipment Equipment was charged at budget.
  - (6) Other Direct Costs Were reasonable and accepted.

(6) Other Direct Costs - Were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Ed Fadulion

ads Senior Contract Specialist

# CONTRACTOR'S ASSIGNMENT OF REFUNDS, REBATES AND CREDITS

Pursuant to the terms of Contract No. N00014 87K 0811 consideration of the reimbursement of costs and payment of fee, as provided in the said contract and any assignment thereunder, the University of Maryland, (hereinafter called the Contractor) does hereby:

- Assign, transfer, set over and release to the UNITED STATES OF AMERICA (hereinafter called the Government), all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of the said contract. together with all the rights of action accrued or which may hereafter accrue thereunder.
- igree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits, or other amounts (including any interest thereon) due or which may become due, and to promptly forward to the (Treasurer of the United States ), checks (made payable to the Treasurer of the United States) for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the Contracting Officer as stated in the said contract and may be applied to reduce any amounts otherwise payable to the Government under the terms hereof.
- 3. Agree to cooperate fully with the Government as to any claim or suit in connection with refunds, rebates, credits, or other amounts due (including any interest thereon), to execute any protest, pleading, application, power of attorney or other papers in connection therewith; and to permit the Government to represent it at any hearing, trial or other proceeding arising out of such claims or suit.

IN WITNESS WHEREOF, this assignment has been executed this 18th day of November **, 19** 91.

UNIVERSITY OF MARYLAND

WITNESS

WITNESS

Eric Carter, Manager

Contract No.	N00014	87K	0811
Contractor's	Release		

# CONTRACTOR'S RELEASE

Pursuant to the terms of Contract No. N00014 87K 0811 and in consideration of the sum of (\$846,130.62 ) Eight Hundred Forty Six Thousand One Hundred Thirty Dollars and Sixty Two Cents.

which has been or is to be paid under the said contract to the Univsity of Maryland, College Park, Maryland (hereinafter called the Contractor) or to its assignees, if any, the Contractor upon payment of the said sum by the UNITED STATES OF AMERICA (hereinafter called the Government), does remise, release and discharge the Government, its officers, agents and employees of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract, except:

- Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor as follows:
- 2. Claims, together with reasonable expenses incidental thereto based upon the liabilities of the Contractor to third
  parties arising out of the performance of the said contract,
  which are not known to the Contractor on the date of the
  execution of this release and of which the Contractor gives
  notice in writing to the Contracting Officer within the period specified in the said contract.
- 3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of its indemnification of the Government against patent liability), including reasonable expenses incidental thereto incurred by the Contractor under the provisions of the said contract relating to patents.

The Contractor agrees, in connection with patent matters and with claims which are not released as set forth above, that it will comply with all of the provisions of the said contract, including without limitation those provisions relating to notification to the Contracting Officer and relating to the defense or prosecution of litigation.

IN WITNESS WHEREOF, this release has been executed this 48th day of November , 19 91

UNIVERSITY OF MARYLAND

WITNESS

WITNESS

By:

Eric Carter, Manager

7 GA	Form 1034 0 5000 4-113	F			FOR PURCHA R THAN PER				VOUCHER NO 28899-12 Fina
	MENT. BUREAU, OF		MENT AND LOCATION	N	DATE VOUCHER PREF November 8,				SCHEDULE NO.
U.S. Navy Régional Finance Ctr CM #3, Rm. 206, Attn: Code 40 Washington, DC 20371-5400				CONTRACT NUMBER A NOO014 87K O REQUISITION NUMBE	AND DATE 0811			PAID BY	
PAYEE'S NAME AND ADDRESS	28899-12 Office of Co	Final ontract/G Service	nd College Park rant Accounting e Building 742			٦ _		-	DATE INVOICE RECEIVED  DISCOUNT TERMS  PAYEE'S ACCOUNT NUMBE  28899-12 Final
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STANDARD FORM 1035 SEPTEMBER 1973 4 TREASURY FRM 2000 /1035-113

# PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO. 28899-12 Final SCHEDULE NO.

SHEET NO. 2 of 2

# **CONTINUATION SHEET**

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT
U.S. Navy Reg Fin Ctr, Wash DC 20371-5400

NUMBER	DATE OF	ARTICLES OR SERVICES	QUAN-	UNIT PRICE		AMOUNT	
AND DATE OF ORDER	DELIVERY OR SERVICE	(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	TITY	COST	PER		
	·	University of Maryland College Park 28899-12 Final	FED ID	#1 526	3 502036	,	
		Office of Contract/Grant Accounting	1		1		
		Room 1410 Service Building College Park, MD 20742					
		Contract No.: N00014 87K 0811 Contract Period: 10/1/87-9/30/90	Estima	ed Cost	s	846,250.00	
	,	ANALYSIS OF CLAIMED CURRENT AND CUMULATI	VE COST	5			
		Major Cost Elements	Amoun Current Billed			Cumulative Amount From Inception	
	1.	Salaries and Wages	\$ (3	210	66)	\$421,376.67	
	2.	Fringe Benefits	(	293	26)	92,743.79	
	3.	Materials, Supplies and Services	. 3	803	43	97,257.69	
	4.	Travel		-0-		10,611.96	
	5.	Sub Total (Subject To Overhead)		299	51	621,990.11	
	6.	Equipment		-0-		31,559.92	
	7.	Other •		-0-		0.00	
	8.	TOTAL DIRECT COSTS		299	51	653,550.03	
	9.	Overhead  @ %  @ %  Adjustment*  Previous Overhead		413	00	192,580.59	
	10.	TOTAL COST	\$	712	51	846,130.62	
		25 % \$ 45,030.99*  22 % 45,758.55  46 % 59,152.02*  40.5% 42,639.03 \$192,580.59  *Acount should have charged 25% MTDC 46% MTDC overhead rate (on campus) en	overhe Efectiv	ad rat e 10/1	e (off /88.	campus) and	

- CONTRACT COMPLETION STATEMENT						
1. FROM:(Contract Administration Office)		2a. PII NUMBER				
Office of Naval Research		N00014-86-K-0286				
Regional Office		2b. LAST MODIFICATION NUMBER				
101 Marietta Tower, Suite 2805		A00003				
101 Marietta Street		2c. CALL/ORDER NUMBER				
Atlanta, GA 30303						
2. TO: (Name and Address of Purchasing Office and Office symbol	of the PCO, If known)	4. CONTRACTOR IDENTITY O				
		University of Maryland	•			
Defense Finance Accounting Service			Grant Acct. Rm.1410			
Charleston Operating Location		College Park, MD 20742				
Attn: FPVG P.O. Box 71489						
North Charleston, SC 2914-1489		5. EXCESS FUNDS	YES L NO			
Notifi Charleston, 30 2914-1409		\$ <u>14.57</u>	···			
O. IE FINAL DAVASCRITUA C BEEN MADE CONSUETT	60. VOUCHER NUMBER		6c. DATE			
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.	GE. VOCONZINIOMBEN		33. DATE			
7a.IF FINAL APPROVED INVOICE FORWARDED TO D.O.	7b. INVOICE NUMBER		7c. DATE FORWARDED			
OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.						
8. REMARKS						
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Formation the amount of Odd 57 name in an Abir			les sation to			
Excess funds in the amount of \$14.57 remain on this deobligate these funds. Final voucher no. 28944-40						
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9b. TYPED NAME OF RESPONSIBLE OFFICIAL	9c SIGNATURE	1 +	9d. DATE			
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6	r continue (10 aru					
FOR PU	RCHASING OFFICE USE	ONLY				
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVI	E BEEN FULLY AND SAT	ISFACTORILY ACCOMPLISHE	D. CONTRACT FILE OF			
DATE SHOWN IN ITEM 9d ABOVE						
□ DATE SHOWN IN ITEM 10e BELOW (Construction of the properties of						
completed form upon final accomplishme	nt of all purchasing offic	e actions to the contract admi	nistration office. (Upon			
receipt, the contract administration office	shall extend its contract	file close-out date accordingly	<i>(.</i> ))			
105. REMARKS						
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE			
			,			

DATE: May 9, 1996

Subject Grant/Contract No.:_	N00014-87-K-0286	
Grantee/Contractor: Universit	y of Maryland at College Park	

- 1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of \$374,612.43 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. University of Maryland is a HHS cognizant institution. The contract is under \$500,000.00. The basis for certifying cost is the cost analysis as explained in paragraph 4 below. Excess funds in the amount of \$14.57 remain on this amount. The Office of Naval Research should take action to deobligate these funds. The final voucher no. 28944-40, dated 08/4/93 is in the file.
- 2. The subject contract began on 15 March 1986 and was completed on 01 February 1990. The total estimated cost of the contract was \$374,627.00.
- 3. The contractor has met all obligations under the referenced contract, including the following. The Final Technical and Patent Report was accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The HHS accepted A-110 audit covering the period of performance reported that the Contractor has a financial system in place that protects the interest of the Federal Government.
- b. Specific finding, with regard to the individual cost elements, are as follows:
  - (1) Direct Labor & Fringe Benefits Amounts charged were in agreement with those initially proposed.
  - (2) Overhead Contractor charged the correct HHS negotiated on-campus rate.
  - (3) Materials/Supplies Contractor charged what was budgeted.
  - (4) Travel Travel was at budget and all domestic.
  - (5) Equipment No equipment was charged.
  - (6) Other Direct Costs Were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

EdFadullon

ads Senior Contract Specialist

	Standard Fo 7 GAO 1034-	5000			FOR PURCHA				VOUCHER NO. Revised 8944-40 Final
U			DR ESTABLISHMENT AND LOCATION DATE VOUCHER PREPLICET AUGUST 4, 19				-	5	SCHEDULE NO.
	U.S. Navy Regional Finance Center CM #3, Rm. 206, Attn: Code 40 Washington, DC 20371  CONTRACT NUMBER OF NOO014 861 REQUISITION NUMBER			6K 0286			PAID BY		
	PAYEE'S 28944-40 Revised Final Office of Contract/Grant Accounting Room 1410 Service Building College Park, MD 20742							DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER	
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-	NUMBER AND DATE	DATE OF DELIVERY	ARTICLES O			QUAN-	UNIT	PRICE	8944-40 Rev Final
	OF ORDER	or service	supply schedule, and other int  Cost Reimbursable			TITY	COST	PER	-O-
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PAID !	CASH \$		DATE		PAYEE <sup>3</sup>				
<sup>2</sup> If ot	hen stated in the ability to c herwise the a	ertify and autho	r, insert name of currency rity to approve are combined in one will sign in the space provided, over	his official	title.	essary;	ER		
3 W	hen a voucher corporate nam	is receipted in the ne, as well as the	a name of a company or corporation, th capacity in which he signs, must appe asurer", as the case may be.	e name of t	he person writing the co		ITLE		

STANDARD FORM 1035 SEPTEMBER 1973 4 TREASURY FRM 2000 1035-113

# PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

voucher no. 28944-40 Rev Final

SCHEDULE NO.

SHEET NO. 2 of 2

CONTINUATION SHEET

	OR ESTABLISHMENT							
avy Kegion	al Finance Center, Washington, DC 20371							
DATE OF	ARTICLES OR SERVICES QUAI		I QUAN- I		, , I QUAN- I		AMOUNT	
OR SERVICE	(Enter description, item number of contract or rederal supply schedule, and other information deemed necessary)	TITY	COST	PER				
	University of Maryland College Park  28944-40 Revised Final Office of Contract/Grant Accounting Room 3121 South Administration Building College Park, MD 20742	FED ID	#1 526	002036				
	Contract No.: N00014 86K 0286 Contract Period: 3/15/86-2/1/90	Estima	ted Cost	\$	374,627.00			
	ANALYSIS OF CLAIMED CURRENT AND CUMULATIV	VE COST	5					
	Major Cost Elements				Cumulative Amount From Inception			
1.	Salaries and Wages	\$	-0-		\$ 198,970.70			
2.	Fringe Benefits		-0-		37,320.85			
3.	Materials, Supplies and Services		-0-		23,769.13			
4.	Travel		-0-		5,633.98			
5.	Sub Total (Subject To Overhead)		-0-		265,694.66			
6.	Equipment		-0-		703.07			
7.	Other		-0-		-0-			
8.	TOTAL DIRECT COSTS		-0-		266,397.73			
9.	Overhead  @ 46 % 5,621.54  @ 40.5% 100,924.95  Adjustment*  Previous Overhead 1,668.21		-0-		108,214.70			
. 10.	TOTAL COST	\$	-0-		\$ 374,612.43			
	1. 2. 3. 4. 5. 6. 7. 8. 9.	DELIVERY OR SERVICE    Center description, item number of contract or Federal supply schedule, and other information deemed necessary)    University of Maryland College Park	DELIVERY OR SERVICE   Supply schedule, and other information deemed necessary)   Supply schedule, and other information deemed necessary)   TITY	Cost   Cost	DELIVERY   Cost   Eletter description, item number of contract of Federal supply schedule, and other information deemed necessary)   Tity   Cost   PER			

# **CONTRACTOR'S RELEASE**

- 1. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor as follows:
- 2. Claims, together with reasonable expenses incidental thereto based upon the liabilities of the Contractor to third parties arising out of the performance of the said contract, which are not known to the Contractor on the date of the execution of this release and of which the Contractor gives notice in writing to the Contracting Officer within the period specified in the said contract.
- 3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of its indemnification of the Government against patent liability), including reasonable expenses incidental thereto incurred by the Contractor under the provisions of the said contract relating to patents.

The contractor agrees, in connection with patent matters and with claims which are not released as set forth above, that it will comply with all of the provisions of the said contract, including without limitation those provisions relating to notification to the Contracting Officer and relating to the defense or prosecution of litigation.

IN WITNESS WHEREOF, this release has been executed this 4th day of August, 1993.

	UNIVERSITY OF MARYLAND
	(Contractor)
WITNESS Substituted Sourby:	Ever lautes
WITNESS Cynyllia The way	Eric Carter

# CONTRACTOR'S ASSIGNMENT OF REFUNDS, REBATES AND CREDITS

Pursuant to the terms of Contract No. N00014 86K 0286 and in consideration of the reimbursement of costs and payment of fee, as provided in the said contract and any assignment thereunder, the University of Maryland, (hereinafter called the Contractor) does hereby:

- 1. Assign, transfer, set over and release to the UNITED STATES OF AMERICA (hereinafter called the Government), all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of the said contract, together with all the rights of action accrued or which may hereafter accrue thereunder.
- 2. Agree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits, or other amounts (including any interest thereon) due or which may become due, and to promptly forward to the (<u>Treasurer of the United States</u>), checks (made payable to the Treasurer of the United States) for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the Contracting Officer as stated in the said contract and may be applied to reduce any amounts otherwise payable to the Government under the terms hereof.
- 3. Agree to cooperate fully with the Government as to any claim or suit in connection with refunds, rebates, credits, or other amounts due (including any interest thereon), to execute any protest, pleading, application, power of attorney or other papers in connection therewith; and to permit the Government to represent it at any hearing, trial or other proceeding arising out of such claims or suits.

IN WITNESS WHEREOF, this assignment has been executed this 4th day of August, 1993.

	UNIVERSITY OF MARYLAND
	(Contractor)
WITNESS Cuithett cele- By:	Enin Coute
WITNESS Cynthia Duch in	Eric Carter

CONTRAC	CT COMPLETION STA	TEMENT	
1. FROM:(Contract Administration Office)		2a. Pil NUMBER	
Office of Naval Research	•	N00014-89-J-1034	$\wedge$
Regional Office		2b. LAST MODIFICATION NUM	ARED (
495 Summer Street, Rm 103		•	IDER \
Boston, MA 02210-2109		P00008	
		2c. CALL/ORDER NUMBER	
2. TO: (Name and Address of Purchasing Office and Office symbol	of the PCO, If known)	4. CONTRACTOR IDENTITY	CODE AND ADDRESS
		Woods Hole Ocean	ographic Institution
Department of Naval Research		Grants and Contrac	• '
Office of the Chief of Naval Research	•	Woods Hole, MA 02	2543
800 North Quincy Street	•		
Arlington, VA 22217-5660		5. EXCESS FUNDS	YES V NO
Tamigion, V/ ZZZ I/ 0000		S	T LES KX NO
	1	Ψ	
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE	ss. VOUCHER NUMBER 24		6c. DATE 05/13/96
	The state of the s		7c. DATE FORWARDED
7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS	7b. INVOICE NUMBER		
UNKNOWN, COMPLETE ITEMS 7b. AND 7c.			
8. REMARKS			<u> </u>
1	Total amount obliga		
·	Total amount billed	1	
\$ 0.00	Unexpended		
,			
Final voucher No. 24 in the amount of \$0.00, dated	17 May 1996 is in the f	ماة	
Time vocation No. 24 in the amount of \$6.00, dated		no.	
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HA		ATISFACTORILY ACCOMPLIS	HED. THIS INCLUDES
9b. TYPED NAME OF RESPONSIBLE OFFICIAL	9c. SIGNATURE		9d. DAŢE
Robert Tanner	01 +11+		0/2/91
ACO	Rebert 1 la	nno	8/2/16
FOR PU	RCHASING OFFICE USE	ONLY	1
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAV	•		ED CONTRACT FILE OF
THIS OFFICE IS HEREBY CLOSED AS OF:	L DECITIONE AND OAT	IOI AOTOMET AOOOMI EIOM	ED. GOITHOUS FIEL OF
☐ DATE SHOWN IN ITEM 9d ABOVE☐ DATE SHOWN IN ITEM 10e BELOW (C	hack this how only if final	completion of any significan	t nurchasing office action
extends more than three months beyon	d close-out date shown in	item 9d. above. In such case	es, submit a copy of the
completed form upon final accomplishme receipt, the contract administration office			
receipt, the contract administration office	Silaii exterio its comract	me crose-out date according	y. <i>))</i>
10b. REMARKS			
•			
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE
Ms. Anna Mae Weston			· · · · · · · · · · · · · · · · · · ·

DATE: June 25, 1996

Subject Grant/Contract No.:	N00014-89-J-1034
•	
Grantee/Contractor: Woods Ho	ole Oceanographic Institution

- 1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$82,500.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. Woods Hole Oceanographic Institution is a DOD cognizant institution. The grant is under \$500,000.00. The basis for certifying cost is the cost analysis as explained in paragraph 4 below. Final voucher No.24 in the amount of \$0.00, dated 13 May 1996 is in the file.
- 2. The subject grant began on 1 October 1988 and was completed on 31 December 1994. The total estimated cost of the grant was \$82,500.00.
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Report were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The ONR accepted A-110 audit covering the period of performance reported that the Grantee has a financial system in place that protects the interest of the Federal Government.
- b. Specific finding, with regard to the individual cost elements, are as follows:
  - (1) Direct Labor Amounts charged were in agreement with those initially proposed.
  - (2) Overhead Grantee charged the correct ONR negotiated on-campus rate.
  - (3) Fringe Benefits Grantee charged the correct negotiated rates.
  - (4) Materials/Supplies Grantee charged what was budgeted.
  - (5) Travel Travel was at budget and all domestic.
  - (6) Equipment No equipment was charged.
  - (7) Other Direct Costs Were reasonable and accepted.
  - (8) General & Administration Grantee charged the correct ONR negotiated rate.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Mary Moore

ads Junior Contract Specialist

Tim Lowe

ads Project Manager

# FINANCIAL STATUS REPORT (Short Form)

1. Federal Agency	and Organizational Element to Which			Identifying Number Assigned		OMB Approval	Page	of
Report is submit		By rec	deral Agency	N00014-89-J-1034		0348-0039	1	1 pages
	NAVAL RESEARCH						,	
WOODS HOLE GENERAL ACC 569 WOODS H		N						
4. Employer Identif	fication Number	5. Recipient Account	Number or Ider	tifying Number	6. Final Report		7. Basis	
	04-2105850		131034SP		[X] Yes	[] No	[] Cash	[X] Accrual
8. Funding/Grant P From: (Month, I	eriod (See Instructions) Day, Year)	To: (Month, Day, Yea	ar)	Period Covered by this Report From: (Month, Day, Year)		To: (Month,	Day, Year)	
10 7	10/01/88	12/31/9	94	10/01/88	l II		12/31/9	4
10. Transactions:				Previously Reported	This Perio		Cumula	tive
a. Total Out	lays			0.00	82,500.00		82,500.00	)
h Posinio-4	chare of outlave			0.00	0.00		0.00	)
D. Recipient	share of outlays			0.00	0,00			
c. Federal si	hare of outlays			0.00	82,500.00		82,500.00	)
							0.00	)
u, rotai uitii	quidated obligations					9197		
e Recipient	share of unliquidated obligatio	ns					0.00	,
e. Recipient	snare of anniquidated obligation					Triby.		-
f. Federal sh	nare of unliquidated obligations						0.00	)
	<u> </u>							
g. Total Fed	eral share (Sum of lines c and t	F)					82,500.0	)
h. Total Fed	eral funds authorized for this fu	nding period	4.41			lagrang sagail galas sa langgar tersi	82,500.0	)
i. Unobligate	ed balance of Federal funds (Li	ne h minus g)				gent (18 Aus	0.00	)
	a. Type of Rate (Place ")	" in appropriate box	)					
11. Indirect	. [] Provi	sional	[] Predeter	mined [] Fin	nal	[X] Fixed		
Expense	b. Rate	c. Base		d. Total Amount	·	e. Federal	Share	
	See Attached	\$46,75		\$31,836			\$31,83	3
12. Remarks:	Attach any explanations deemed	necessary or inform	ation required	by Federal sponsoring agency i	n compliance witl	governing l	egislation.	
13. Certification:	I certify to the best of my knowled obligations are for the purposes se	ge and belief that this t forth in the award d	s report is corre	ct and complete and that all out	lays and unliquida	ted		
Typed or Printed					Telephone (Area	code, numb	er and extensio	n)
		l Rudden t Controller				(508) 289-2	363	
Signature of Auth	norized Certifying Official	<u> </u>			Date Report Sub	mitted		
	fam. 76	1/2 2/2 /L				8-1	-55	
	wer y		2			O I	/	

Standard Form 269A (REV 11/90) Prescribed by OMB Circular A-102 and A-110

# N00014-89-J-1034

e. Federal Share	5,472.00	5,097.00	2,524.00	2,131.00	1,288.00	921.00	2,869.00	2,026.00	2,555.00	1,936.00	2,764.00	2,253.00	0.00	0.00	000000000000000000000000000000000000000
d. Total Amount	5,472.00	5,097.00	2,524.00	2,131.00	1,288.00	921.00	2,869.00	2,026.00	2,555.00	1,936.00	2,764.00	2,253.00	0.00	0.00	404 000 FC#
c. Base	14,990.50	14,990.50	6,659.15	6,659.15	3,058.96	3,058.96	7,083.37	7,083.37	6,585.74	6,585.74	8,374.73	8,374.73	0.00	0.00	1 01
b. Rate	36.50%	34.00%	37.90%	32.00%	42.10%	30.10%	40.50%	28.60%	38.80%	29.40%	33.00%	26.90%	31.30%	26.50%	
	FY 1994 Laboratory Overhead	General & Administative	FY 1993 Laboratory Overhead	General & Administative	FY 1992 Laboratory Overhead	General & Administative	FY 1991 Laboratory Overhead	General & Administative	FY 1990 Laboratory Overhead	General & Administative	FY 1989 Laboratory Overhead	General & Administative	FY 1988 Laboratory Overhead	General & Administative	

			Approved by Office	•		PAGE OF
REQUEST FOR AD			and Budget, No. 8		· · · · · · · · · · · · · · · · · · ·	1 1 PAGES
. OR REIMBURSEN	MENT		1.	a. "X" one,or bot		2. BASIS OF REQUEST
			TYPE OF	[ ] ADVANCE	[ X ]REIMBURSE	[ ]CASH
			PAYMENT	b. "X" the applic		f W LAGORYAY
2 PEDERAL GROVECORDIC	A CENCY AND		REQUESTED	[ ]FINAL	[ X ] PARTIAL	[ X ] ACCRUAL
3. FEDERAL SPONSORING			4. FEDERAL GRAN		•	5. PARTIAL PAYMENT REQUEST
ORGANIZATIONAL ELEM WHICH THIS REPORT IS S			IDENTIFYING NU			NUMBER OF THIS REQUEST
DEPARTMENT OF			NO00-14-89-J			24 FINAL
	RECIPIENT'S A	CCOLINT NO			HIS REQUEST	24 1 1147.1
1	OR IDENTIFYING		FROM	OVEICED BY I	то	
04-2105850	131034	<b>10</b> .	10/01/8	28	12/31/9	4
9. RECIPIENT ORGANIZATI	*****		10,0170	10. PAYEE		
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WOODS HOLE OCEANO	OGRAPHIC IN	ISTITUTION				1
CHALLENGER HOUSE					SAME	
WOODS HOLE, MA 02	543					
,						
11. COMPUTATION	OF AMOUNT	OF REIMBURSEM	IENTS / ADVANCI	ES REQUESTED		
	10.2.0		(a)	(b)	(c)	
PROGRAMS/FUNCTIO	NS/ACTIVITII	ES				TOTAL
			\$	\$	\$	\$
		(As of date)				
a, Total program outlays to date	e					82,500.00
b. Less: Cumulative program i	ncome					
c. Net program outlays (Line a	minua lina h)					82,500.00
c. Net program outlays (Line a	minus fine o)					82,300.00
d. Estimated net cash outlays for	or advance period					·
a. Ebamatou not vabri outla, b to	or auvanos portos					
e. Total (Sum of lines c & d)						82,500.00
		·····				
f. Non-Federal share of amount	t on line e					
g. Federal share of amount on l	ine e					82,500.00
				İ		00.500.00
h. Federal payments previously	requested					82,500.00
i. Federal share now requested	(Line a minus lin	e h)				0.00
i. I oderar share now requested	(Line g minus mi	[,				0.00
j. Advances required by month	_	1st month				
when requested by Federal	,					
grantor agency for use in		2nd month				
making prescheduled advance	es					
		3rd month				
ALTERNATE	COMPUTAT	ION FOR ADV	ANCES ONLY			
a. Estimated Federal cash outla	ys that will be ma	de during period c	overed by the advar	ice		\$
 	C-111					
b. Less: Estimated balance of I	rederal cash on h	and as of beginning	g of advance period			\$
c. Amount requested (Line a m	inus lina h)					\$
c. Athount requested (Ellie a III	mus me o)	CERTIFICATI	ON			Ψ
I certify that to the best of my l	cnowledge •		THORIZED CERTIFYIN	JG OFFICIAL		DATE REQUEST
and belief the data above are co			16	ic of ficuld	1	SUBMITTED
that all outlays were made in ac		HUV	e AD	NIND	19N	13-May-96
with the grant conditions or oth		TYPED OR PRINTED	NAME AND TITLE			TELEPHONE (AREA CODE,
agreement and that payment is		JANE HARRII		,		NUMBER, EXTENSION)
has not been previously reques		ACCOUNTS REC	CEIVABLE			508-289-2385
This space for agency use		•				
		•				
	•					

Financial Status Report Job Summary For the period ended 12/31/95

131034SP (03) SEA FIR SAMPLES LAB RECAP

	۲. باستان ا	Current Month	Year to Date	Inception to Date
	Bugger	STSOT	ജ്യാ	ടുണ
.0 Salaries - Regular	32,331.42	0.00	00.0	32,331.42
5050 Frince Benefits Regular	14,421.03	00.00	00.0	14,421.03
5060 Lab Overhead Regular App	17,470.84	0.00	00.0	17,470.84
5100 Elec/Mech/Carp. shop services	424.12	00.0	00.0	424.12
5210 Supplies	2,591.50	00.0	00.0	2,591.50
5250 Stockroam Supplies	11.19	00.00	00.0	11.19
5310 Other Outside Services	10.50	00.00	00.0	10.50
5360 Comunications	1,318.43	0.00	9.59	1,318.43
5370 Shipping & Postage	394.20	00.00	00.0	394.20
5430 Dulicating	177.07	0.02	0.20	177.07
5480 Equipment Rental	77.40	00.00	00.0	77.40
5870 Refunds & Adjustments	(1,090.99)	(0.02)	(1,090.99)	(1,090.99)
5960 G & A Regular App	14,363.29	00.0	0.00	14,363.29
TOTAL FOR 131034SP	82,500.00	0.00	(1,081.20)	82,500.00

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*15	PNU3 WHOI PROPERTY ASSET MANAGEMENT SYSTEM PROPERTY REPORT BY SPECIFIED GLAS ACCT/PROJ 10-AUG-1995 15:04 PAGE 3
	GLAS TAG PROPERTY ITEM DATE SERIAL MODEL MANU- PROPERTY ASSET P.O. COST OF OWNR I GRP ACCITYPROJ NUMBER DESCRIPTION REC. NUMBER FACTURER CUSTODIAN LOCATION NUMBER ITEM CODE E CAT
<b>-</b>	
•	13103400 102764 COMPUTER 386725 040191 101806 386725 MODEL AME BRODA JE MCL2 : 216 52715 1900 2161
قر	TOTAL COST FOR ACCT/PROJ
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•	on the state of th
.4	

CONTRAC	CT COMPLETION ST	ATEMEN	
1. FROM:(Contract Administration Office)**	***************************************	2a. PII NUMBER	
Office of Naval Research Boston Regional Office	•	N00014-88-K-0273	· · · · · · · · · · · · · · · · · · ·
495 Summer Street, Room 103		2b. LAST MODIFICATION NUM	IBER .
Boston, MA 02210-2109		P00003	
		2c. CALL/ORDER NUMBER	
2. TO: (Name and Address of Purchasing Office and Office symbol	of the PCO If known)	4. CONTRACTOR IDENTITY O	CODE AND ADDRESS
2. 10. (Name and Address of Purchasing Office and Office symbol	or are r co, ir known,	Woods Hole Oceanogra	
Department of the Navy		Challenger House	pino mondication
Office of the Chief of Naval Research		Woods Hole, MA 02543	3
800 North Quincy Street			
Arlington, VA 22217-5000		5. EXCESS FUNDS	YES NO
		\$ <u>191.36</u>	
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.	6b. VOUCHER NUMBER		6c. DATE
7a. IF FINAL APPROVED INVOICE FORWARDED	7b. INVOICE NUMBER	41 final	7c. DATE FORWARDED
TO D.O. OF ANOTHER ACTIVITY AND STATUS OF			19 August 1995
PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.			
8. REMARKS			
\$ 625,377.00 Total	l amount obligated to C	Contract	
	amount expended	ontract	
\$ 191.36 Unex	pended		
Excess funds in the amount of \$191.36 remain on the cor	ntract. ONR 822 should	d take action to deobligate the	ese funds.
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HA		SATISFACTORILY ACCOMPLIS	HED. THIS INCLUDES
9b. TYPED NAME OF RESPONSIBLE OFFICIAL  Mr. Robert Tanner	9c. SIGNATURE		9d. DATE
ACO	Robert	land	8/2/96
FOR PU	RCHASING OFFICE US	E ONLY	-
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAV	E BEEN FULLY AND SA	TISFACTORILY ACCOMPLISH	ED. CONTRACT FILE OF
THIS OFFICE IS HEREBY CLOSED AS OF:			
L DATE SHOWN IN ITEM 9d ABOVE			
DATE SHOWN IN ITEM 10e BELOW	(Check this box only if t	final completion of any significa	ant purchasing office action
extends more than three months beyon	d close-out date shown	in item 9d. above. In such case	es, submit a copy of the
completed form upon final accomplishme	ent of all purchasing off	ice actions to the contract adm	inistration office. (Upon
10b. REMARKS			
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE
Dan F. Brinkworth			
DD FORM 1594 1 FEB 70 REPLACES EDITION OF 1 JUN 6	L 58 WHICH IS OBSOLE	I TE	

DATE: July 22, 1996

# **CLOSEOUT MEMORANDUM**

Subject Grant/Contract No.:_	N00014-88-K-0273	
Grantee/Contractor:	Woods Hole Oceanographic Institution	

- On the basis of the following information, the undersigned concludes that the subject 1. contract may be closed out and total costs invoiced in the amount of \$625,185.64 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The obligated amount of subject contract is over \$500,000.00. Woods Hole Oceanographic Institution is a DOD cognizant institution. The basis for certifying costs is the Contract Audit Closing Statement performed by DCAA, Waltham, Massachusetts branch office dated on 29 November 1995 which is in the file. Final voucher No.41 in the amount of \$2,732.00 was forwarded for processing on 28 February 1988.
- The subject contract began on 02 February 1988 and was completed on 30 September 1992. The total estimated cost of the contract was \$625,377.00.
- The contractor has met all obligations under the referenced agreement, including the 3. following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- Based on the statements contained in this memo and the supporting documentation, this 4. agreement may be administratively closed. See attached Closeout Check List.

Mary Moore /
ads Junior Contract Specialist

ads Senior Contract Specialist

• ,	· ·		HER FOR PURCHASES AN	ND.				VOUCHER# 41
	September 1973	SERVICES OF	THEF PERSONAL	·				FINAL
DEPT BUREAL	U OR ESTABLISHM	MENT AND LOCATION	DATE			ί		SCHEDULE NO.
EPARTME	NT OF THE INAVAL RES	NAVY EARCH	19-Aug-95  CONTRACT NUMBER AND DATE N00014-88-K-0273, FEB.  REQUISITION NUMBER AND DATE			·		PAID BY
			AND DISTITUTION					DATE INVOICE RECEIVED
	NAME	WOODS HOLE OCEANOGRAPS ACCOUNTS RECEIVABLE CHALLENGER HOUSE	HIC INSTITUTION					DISCOUNT TERMS
	ADDRESS	WOODS HOLE, MA 02543						PAYEES ACCOUNT NUMBER
	N.	то				WEIGHT		GOVERNMENT B/L NUMBER
HIPPED FRO	M					IDUT	PRICE	AMOUNT
UMBER	DATE OF	ARTICLES OR SE			QUANTITY	COST	PER	(1)
ND DATE FORDER	DELIVERY OR SERVICE	(Enter Description,Item Number of Contr Schedule, and Other Information Deen	ned Necessary)					
	Dec-93	FOR DETAILS, SEE ATTACH STATUS REPORT, DATED WORK COMPLETED TO DATE LESS: PREVIOUS INVOICE TOTAL COSTS THIS INVOICE TOTAL FIXED FEE LESS: PREVIOUSLY INVOICE TOTAL FEE THIS INVOICE TOTAL AMOUNT OF THIS IN	E 18,215.00 E 15,483.00 2,732.00					606,970.64 606,970.67 (0.03) 0.00 2,732.00 2,731.97
			NOT d	h-law)	<u> </u>		TOTAL	\$2,731.97
	JATION SHEET(S)		(Payee must NOT use the space EXCHANGE RATE	e below)		DIFFERENCE		
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( ) COMPLETE ( ) PARTIAL ( ) FINAL ( ) PROGRESS	BY:	JOHN APPROVED RULLI PEPER BERT H. TANNER	ty Tanny	8/2/96	Amount verifie			
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(Date)		(Authorized Certifying					(Title)	
		ACCOUNTING CLA					V OLVE	OF BANK)
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PAID BY	CASH \$			PAYEE (3)	WOODS H	OLE OCEA	NOGRAPI	HIC INSTITUTION
(1)When sta	ted in foreign cur	rency,insert name of currency authority to approve are combined in one	person one signature only is necess	агу,		FER		
otherwise (3)When a v	the approving off youcher is receipt ate name, as well	ficer will sign in the space provided, over hi ed in the name of a company or corporation as the capacity in which he signs, must app	is official title n,the name of the person writing the	e company		TITLE		
John Smi	th Secretary", or"	Treasurer", as the case may be.						

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 32 U.S.C. 82b and 82c.for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

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	TOTAL PV #41 FINAL	INAL	2,731.97	7 TOTAL INVOICED TO DATE	625,185.64			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N00014-88-K-02	N00014-88-K-0273, FEB 26, 1988	TOTAL					
		607,162.00	5	:				
	FIXED FEE	18,215.00	= %58 X	15,483.00				
•	AUTH. TOTAL	625,377.00						

# CONTRACTOR'S RELEASE CONTRACT NO. N00014-88-K-0273

Pursuant to the terms of Contract No. No0014-88-K-0273 and in consideration of the sum of Six Hundred Twenty-Five Thousand One Hundred Eighty-Five Dollars and Sixty-Four Cents (\$625,185.64) which has been or is to be paid under the said contract to the

Woods Hole Oceanographic Institution (hereinafter called the Contractor) or to its assignees, if any, the Contractor upon payment of the said sum by the UNITED STATES OF AMERICA (hereinafter called the Government), does remise. release, and discharge the Government, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract, except:

- 1. Specified claims in stated amounts or in estimated amounts where the amounts are not suspectable of exact statement by the Contractor, as follows:
- 2. Claims together with reasonable expenses incidental thereto, based upon the liabilities of the contractor to third parties arising out of the performance of the said Contract, which are not known to the Contractor on the date of execution of this release and of which the Contractor gives notice in writing to the Contracting Officer within the period specified in the said contract.
- 3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of its indemnification of the Government against patent liability), including reasonable expenses incidental thereto, incurred by the Contractor under the provisions of the said contract relating to patents.

The Contractor agrees, in connection with patent matters and with claims which are not released as set forth above, that it will comply with all of the provisions of the said contract, including without limitation those provisions relating to notification to the Contracting Officer and relating to the defense or prosecution of litigation.

IN WITNESS WHEREOF, this release	has been executed this	Jin .	_day of Novengan
19 <u>95</u> .		<b></b>	
	Woods Hole Oceanogr	aphic Institution	
WITNESS	(Contractor)		
	BYTNLE _Senior Grants	s Administrator	

NOTE: In case of a corporation, witnesses are not required, but the following certificate must be completed.

# **CERTIFICATE**

I, Paul Clemente, certify that I am the Clerk of the Corporation of the institution named as Contractor in the foregoing release; Maurice J. Tavares who signed said assignment on behalf of the Contractor was then Senior Grants Administrator of said institution; that said assignment was duly signed for and in behalf of said institution by authority of its governing body and is within the scope of its corporate powers.

Paul Clemente

(CORPORATE SEAL) FL 467-37

# CONTRACTOR'S ASSIGNMENT OF REFUNDS, REBATES, CREDITS, AND OTHER AMOUNTS CONTRACT NO. <u>N00014-88-K-0273</u> N00014-88-K-0273 Pursuant to the terms of Contract No. and in consideration of the reimbursement of costs and payment of fee, as provided in the said contract and any assignment thereunder, the Woods Hole Oceanographic Institution (hereinafter called the Contractor) does hereby: 1. Assign, transfer, set over and release to the UNITED STATES OF AMERICA, (hereinafter called the Government), all right, title and interest to all refunds, rebates, credits, and other amounts (including any interest thereon), arising out of the performance of the said contract, together with all the rights of action accrued or which may hereafter accrue thereunder. 2. Agree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits, and other amounts (including any interest thereon) due or which may become due, and to promptly forward to the Contracting Officer checks (made payable to the Treasurer of the United States) for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the Contracting Officer as stated in the said contract and may be applied to reduce any amounts otherwise payable to the Government under the terms hereof. 3. Agree to cooperate fully with the Government as to any claim or suit in connection with refunds, rebates, credits, or other amounts due (including any interest thereon); to execute any protest, pleading, application, power of attorney, or other papers in connection therewith; and to permit the Government to represent him at any hearing, trial or other proceeding, arising out of such claim or suit. IN WITNESS WHEREOF, this assignment has been executed this Woods Hole Oceanographic Institution (Contractor) WITNESS NOTE: In case of a corporation, witnesses are not required, but the following certificate must be completed. **CERTIFICATE** I, Paul Clemente, certify that I am the Clerk of the Corporation of the institution named as Contractor in

I, Paul Clemente, certify that I am the Clerk of the Corporation of the institution named as Contractor in the foregoing assignment; Maurice J. Tavares who signed said assignment on behalf of the Contractor was then Senior Grants Administrator of said institution, that said assignment was duly signed for and in behalf of said institution by authority of its governing body and is within the scope of its corporate powers.

Paul Clemente

(CORPORATE SEAL) FL 467-37

	ONTRAC.	T COMPLETION STA	ATEMENT (		
	1. FROM:(Contract Administration Office)  Office of Naval Research Regional Office		2a. PH NUMBER N00014-91-J-1011		
	536 South Clark street Room 208 Chicago, IL. 60605-1588		26. LAST MODIFICATION NUMBER  A00002  2c. CALL/ORDER NUMBER		
	2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, If known)  Department of the Navy  Office of the Chief of Naval Research  800 North Quincy, Code 1512:SAM  Arlington, VA. 22217-5005		4. CONTRACTOR IDENTITY CODE AND ADDRESS  University of Tolelo 2801 W. Bancroft St., Toledo, OH 43606  5. EXCESS FUNDS X YES NO		
		6b. VOUCHER NUMBER	5. EXCESS FUNDS	YES NO	
	6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b and 6c.	10	1	7/21/93	
	7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.	7b. INVOICE NUMBER		7c. DATE FORWARDED	
	Excess funds in the amount of \$ 0.96 remain on that a modification is not cost effective and will not office should take action directly to de-obligate the settlement in the case of a price revision contract.  9b. TYPED NAME OF RESPONSIBLE OFFICIAL  Mr. TOWARD OF Administrative Contracting Officer	t be executed by this excess amount.	office. However, the a	opropriate financial	
		HASING OFFICE U	SE ONLY		
	10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAD OF THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e BELOW ( action extends more than three months copy of the completed form upon final action office. (Upon receipt, the contract administration)	(Check this box only if for s beyond close-out date ccomplishment of all pu	inal completion of any signif shown in item 9d. above. I urchasing office actions to the	icant purchasing office n such cases, submit a ne contract administration	
	10b. REMARKS				
	10c. TYPED NAME OF RESPONSIBLE OFFICIAL  Ms. Genesta Belton	10d. SIGNATURE		10e. DATE	
Ľ	D FORM 1594 1 FEB 70 REPLACES	EDITION OF 1 JUN 68 WHICH	IS OBSOLETE	<del></del>	

DATE: September 20, 1995

Grantee/Contractor: University of Toledo	Subject Grant/Contract	No.: <u>N00</u>	)014-91-J-1011	 
Granico/Contractor. Chrycistry of rotedo	Grantee/Contractor:	University	of Toledo	

- 1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$192,794.04 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under \$500,000.00. The University of Toledo is a HHS cognizant institution. The basis for certifying costs is the cost analysis as explained in paragraph 4 below. A deobligation in the amount of \$0.96 is to be accomplished with this closeout. Final voucher no. 10 was forwarded for payment on 7/21/93.
- 2. The subject agreement began on 1 October 1990 and was completed on 30 July 1993. The total estimated cost of the agreement was \$192,795.00.
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The HHS accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.
  - b. Specific finding, with regard to the individual cost elements, are as follows:
    - (1) Direct Labor amounts charges were in agreement with those initally proposed.
    - (2) Overhead The grantee charged the correct HHS predetermined oncampus rate.
    - (3) Fringe Benefits The grantee charged the correct HHS predetermined oncampus rate.
    - (4) Expendable Materials & Supplies The grantee expended whtat was budgeted.

- (5) Travel The grantee expended what was budgeted.
- (6) Equipment No equipment was charged.
- (7) Other Direct costs were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

David Phelps

ads Senior Contract Specialist

Gavid Phelis

# FINANCIAL STATUS REPORT

(Short Form)

		(Follow instruct	ions on the back)		<u> </u>	11.97
to Which Rep	and Organizational Element ont is Submitted	By Federal	nt or Other Identifying Agency 014-91 <b>J</b> -1011		MB Accreval o. 348-0039	Page of 1 pages
U.S. Dept. of Navy N00014-91-3-			U14-91-1U11		<del></del>	) payes
. Recipient Organ	zation (Name and complete	e address, including ZIP code	e)			
The U	niversity of Tol	edo, 2801 W. Banc				·
. Employer Identif	fication Number	5. Recipient Account Num.	ber or Identifying Nur	ncer 6. Final Report	1 1.5	Basis Cash
34.64	01483A	249841				
From: (Month,	The state of the s	To: (Month, Day, Year) 7/30/93	9. Pencd C From: (M	overed by this Resort Ionth, Day, Year) 10/1/90		cnm, Day, Year) 7/30/93
10/ IQ.Transactions:	/1/90	1/30/33	Previous Reporte		1	III Cumulative
a. Total outa	туз					192,794.04
b. Recipient	share of outlays					0
c. Federal si	rare of outlays			-		192,794.04
d. Total unlik	quidated obligations	•				Ω
e. Recipient	share of unliquidated obliga	abons				NA
f. Federal s	hare of unliquidated obligati	ons				NA
g. Total Fed	teral share (Sum of lines c	and f)				192,794.04
h. Total Fed	deral funds authorized for th	is funding period				192,795.00
i, Unobliga	ted balance of Federal fund	s (Line h minus line g)				.96
	a. Type of Rate (Place	"X" in appropriate box)	Predetermined	☐ Final	<b></b>	Fixed
11.Indirect Expense	57.9 - 59	c. Base	d. To	3 57,354	e. Feder	
12. Remarks: A legislation.	utach any explanations de	emed necessary or inform	eation required by Fe	ederal sponsoring agei	псу іл сотрії	ance with governing
13. Certification	: I certify to the best o unliquidated obligat	( my knowledge and beile ions are for the purposes	f that this report is set forth in the awa	correct and compleu ard documents.	and that all	outlays and
Typed or Printed		•			(Area code,	number and extension
Lora	ine M. Brancatto,	Accountant		(41	.9) 537-2	397
	thonzed Carulying Official			Date Peox	ort Submitted	
lav	mus IN Sharraft	)			9/30/93	

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REQUEST OR REII			Approved Budget, No.	o. 80-RO)	lay hoth bear		PAGE OF PAGES  2. BASIS OF REQUEST  CASH
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3. FEDERAL SPONSORING AGE WHICH THIS REPORT IS SU	lructions on b NCY AND DRGA IMITTED	rack) Inizational Element To	4. FEDERAL	SANT OR	OTHER R ASSIGNED	PARTIAL PARTIAL	ACCRUAL PAYMENT REQUEST R FOR THIS REQUEST
U.S Departmen	nt of Nav	у	NOO01	14-91-1-	1011	1	10
4. EMPLOYER IDENTIFICATION NUMBER	7. RECIP OR ID	IENT'S ACCOUNT NUMBER	8.	PERIOD	COVERED		
34.6401483A		49841	PROM (MAPE)	/1/93		7 /:	day, year) 30/93
9. RECIPIENT ORGANIZATION	· · · · · · · · · · · · · · · · · · ·		10. PAYEE (	Where sheek	is to be sent is	different the	· ilom 9)
Name ' The Unive	ersity of	Toledo	Nema	. The	Univers Lora	-	Toledo Brancatto
Number , 2801 W. 1	Bancroft	St.	Number and Street	2801	W. Ban	croft S	:.
City, State and ZIP Code: Toledo,			City, State and ZIP Code	, Tole	do, Ohi		5 '
<u>11.</u> <u>C</u>	OMPUTATION	OF AMOUNT OF RE	MBURSEME	NTS/ADVA		JESTED	
PROGRAMS/FUNCTIONS/A	CTIVITIES >				(0)		TOTAL
a. Total program outlays to date	As of dats)	\$	s		s		\$ 192,794.04
b. Less: Cumulative program	income				·· <u>V</u>		0
. Net program outlays (L							100 701 01
d. Estimated net cash outley period	s for advance		<u> </u>			,	192,794.04
e. Total (Sum of lines a & d)							192,794.04
. Non-Federal share of amount on line e						0	
. Federal share of amount o	n line e	·					192,794.04
. Federal payments previously requested				191	HC . 184	173,318.45	
Federal share now reques minus line h)	ted (Line g					34.40	19,475.59
Advances required by month, when request- ed by Federal grantor	1st month						
agency for use in mak- ing prescheduled ad- vances	2nd month				<del></del>		
2.	3rd month						
		TERNATE COMPUTATI			NLY		
. Estimated Federal cash outlays that will be made during period covered by the advance  . Less: Estimated balance of Federal cash on hand as of beginning of advance period						\$	
			g of advance	period	···		
. Amount requested (Line a minus line b)  3.					\$		
	<del></del>	SIGNATURE OF AUTHORIZ	FICATION	O OFFICE			
certify that to the best of m	v knowledge	1 .	weath 144	- OFFICIAL		ŀ	DATE REQUEST SUBMITTED
nd belief the data above are lat all outlays were made in	correct and accordance	Wante than					7/21/93
ith the grant conditions or other agree- ment and that payment is due and has not men previously requested.  Loraine M. Br				Accoun	tant		TELEPHONE (AREA CODE. NUMBER, EXTENSION)

This space for agency use

1. FROM:(Contract Administration Office)	·				
Office of Naval Research Chicago Regional Office	2a. PII NUMBER  N00014-90-J-4000  2b. Last modification number				
Federal Building Room 208 536 South Clark Street Chicago, IL 60605-1588	P00005  2c. CALL/ORDER NUMBER				
2. To: (Name and Address of Purchasing Office and Office symbol of the PCO, if known)  Department of the Navy Office of the Chief of Naval Research 800 North Quincy Street, Code 1512B:SM Arlington, VA. 22217-5000	4. CONTRACTOR IDENTITY CODE AND ADDRESS  Univeristy of Pittsburgh Grants and Contracts Administration 350 Thackeray Hall Pittsburgh, PA 15260  5. EXCESS FUNDS YES NO				
62. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS	\$1,577.97  OUCHER NUMBER  12-7852  \$6c. DATE  05/24/94				
7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.	NVOICE NUMBER 7c. DATE FORWARDED				
\$ 319,746.00 Total amount Obligated to Grant  318,168.03 Total amount billed  1,577.00 Unexpended  De-obligation modification No.P00005 accompanies this closeout. The total obligations are reduced by \$1577.97 from \$319,746.00 to \$318,168.03.  9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.					
Administrative Contracting Officer	May 5				
FOR PURCHASING OFFICE USE ONLY  10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))					
10b. REMARKS					
Ms. Jane Olmsted	SIGNATURE 10e. DATE  ON OF 1 JUN 68 WHICH IS OBSOLETE				

DATE: October 13, 1995

Subject Grant/Contract No.:	N00014-90-J-4000	
Grantee/Contractor:	University of Pittsburgh	

- 1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$318,168.03 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under \$500,000.00. The University of Pittsburgh is an HHS cognizant institution. The basis for certifying costs is the cost analysis as explained in paragraph 4 below. Final invoice No. 12-7852 in the amount of \$0.00 was forwarded to this office on 05/24/94. De-obligation modification No.P00005 accompanies this close-out. The total obligations are reduced by \$1,577.97 from \$319,746.00 to \$318,168.03.
- 2. The subject grant began on 1 June 1990 and was completed on 31 May 1993. The total estimated cost of the agreement was \$422,777.00. The total amount obligated was \$319,746.00.
- 3. The grantee has met all obligations under the referenced grant, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The HHS accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.
  - b. Specific finding, with regard to the individual cost elements, are as follows:
    - (1) Direct Labor Amounts charged were in agreement those initially proposed.
    - (2) Overhead Grantee charged below HHS negotiated on-campus rate.
    - (3) Fringe Benefits Grantee charged the correct HHS negotiated rate.
    - (4) Materials/Supplies Grantee charged what was budgeted.
    - (5) Travel Travel was at budget and all domestic.
    - (6) Equipment Equipment was at budget.
    - (7) Other Direct Costs Were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a grant audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

David Phelps

ads Senior Contract Specialist

Tavid thelps

#### FINANCIAL STATUS REPORT

		FINANCIAL STATUS RE	:PUK I	IIII T.
1. FEDERAL AGENCY AND REPORT IS SUBMITTED NA		MENT TO WHICH	2. FEDERAL GRANT OR   IDENTIFYING NUMBE 	€ ∮
3. RECIPIENT ORGANIZAT	rion		4. EMPLOYER IDENTIFI	CATION NUMBER
			1	1-25-096-5591
University of Pitt			5. RECIPIENT ACCOUNT	NUMBER 5-37852
3117 Cathedral of Pittsburgh, PA 152	· ·		  6. FINAL REPORT	
ricesburgh, ra 152			,	X Cash  _ Accru
3. PROJECT/GRANT PERIC	OD		9. PERIOD COVERED BY	THIS REPORT
FROM(Month,Day,Year) 06/01/90		th,Day,Year) 05/31/93	FROM(Month,Day,Year)  06/01/90	TO(Month,Day,Year 05/31/93
0. STATUS OF FUNDS				
. Net outlays previou	usly reported			0.0
. Total outlays this				318,168.0
. Less: Program incom				0.0
. Net outlays this re	•			318,168.0
. Net outlays to date				318,168.0
. Less: Non-Federal s	•			0.0
. Total Federal share				318,168.0
<ul> <li>Total unliquidated</li> <li>Less: Non-Federal s</li> </ul>		ed obligations		0.0
	mare or untriquidat	ed obtigations		0.0
	liquidated obligat	ions		0.0
. Federal share of un	•		ns	
. Federal share of un . Total Federal share	e of outlays & unli	quidated obligation	ns	318,168.03
. Federal share of un . Total Federal share . Total cumulative am	e of outlays & unli- mount of Federal fu	quidated obligation	ns	318,168.03 422,777.00
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. Federal share of un . Total Federal share . Total cumulative am . Unobligated balance	e of outlays & unli- nount of Federal funds	quidated obligation nds authorized R.B. D.C./I.C. **		0.06 318,168.03 422,777.00 104,608.93
. Federal share of un . Total Federal share . Total cumulative am . Unobligated balance	e of outlays & unli- nount of Federal funds	quidated obligation nds authorized R.B.	0.00	318,168.03 422,777.00 104,608.93
. Federal share of un . Total Federal share . Total cumulative am . Unobligated balance . Total cumulative am . Unobligated balance	e of outlays & unli- mount of Federal funds e of Federal funds TYPE OF RATE	quidated obligation nds authorized  R. B.  D.C./I.C. **  = PREDETERMINED  CURRENT AMOUNT	0.00 104,608.97 CUMULATIVE AMOUNT	318,168.03 422,777.00
. Federal share of un . Total Federal share . Total cumulative am . Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0%	e of outlays & unli- mount of Federal funds of Federal funds TYPE OF RATE  BASE 159,005.21	quidated obligation nds authorized  R. B.  D.C./I.C. **  = PREDETERMINED  CURRENT AMOUNT 68,372.24	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24	318,168.03 422,777.00 104,608.93
. Federal share of un . Total Federal share . Total cumulative am . Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0% 0.0%	e of outlays & unline of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00	quidated obligation onds authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24	318,168.03 422,777.00 104,608.9
. Federal share of un . Total Federal share . Total cumulative am . Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0%  0.0%  0.0%	e of outlays & unline of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00 0.00	quidated obligation ands authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24 68,372.24	318,168.03 422,777.00 104,608.9
. Federal share of un . Total Federal share . Total cumulative am . Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0%  0.0%  0.0%  0.0%	e of outlays & unline of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00	quidated obligation onds authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24	318,168.0 422,777.0 104,608.9
. Federal share of un . Total Federal share . Total cumulative am . Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0%  0.0%  0.0%  0.0%	e of outlays & unline of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00 0.00	quidated obligation ands authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24 68,372.24	318,168.0 422,777.0 104,608.9
. Federal share of un . Total Federal share . Total cumulative am . Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0%  0.0%  0.0%  2. REMARKS	e of outlays & unlimount of Federal funds of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00 0.00 0.00	quidated obligation onds authorized  R. B. D.C./I.C. **  = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00 0.00 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24 68,372.24	318,168.0 422,777.0 104,608.9 FEDERAL SHARE 68,372.2
. Federal share of un . Total Federal share . Total cumulative am n. Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0%  0.0%  0.0%  2. REMARKS	e of outlays & unlimount of Federal funds of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00 0.00 0.00 0.00 doingations	quidated obligation nds authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00 0.00 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24 68,372.24 68,372.24	318,168.0 422,777.0 104,608.9 FEDERAL SHARE 68,372.2
. Federal share of un  . Total Federal share . Total cumulative am n. Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0%  0.0%  0.0%  2. REMARKS  3. CERTIFICATION  certify to the best ll outlays and unlique	e of outlays & unlimount of Federal funds of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00 0.00 0.00 0.00 doingations	quidated obligation nds authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00 0.00 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24 68,372.24 68,372.24	318,168.0 422,777.0 104,608.9 FEDERAL SHARE 68,372.2

Distribution: Copy 1 - Official Grant File

Copy 2 - Grants Section, FAAB

Copy 3 - Grantee

STANDARD FORM 269

Prescribed by Office of Management and

Budget Cir. No. A-110

		Approved by Office of Managemen Budget, No. 80-R0183		
		1. TYPE OF PAYMENT REQUESTED	2. BASIS OF REQUEST	
		a. "X" one, or both boxes ADVÂNCE X REIMBURSE-		
		MENT	x CASH	
REQUEST FOR AI OR REIMBURSEI		b. "X" the applicable box  X FINAL PARTIAL	ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND WHICH THIS REPORT IS SUBMITTED OFFICE OF NAVY RESEARCH		4. FEDERAL GRANT OR OTHER	5. PARTIAL PAYMENT REQUEST	
6. EMPLOYER IDENTIFICATION	17. RECIPIENT'S ACCOUNT NUMBER	IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY	NUMBER FOR THIS REQUEST	
NUMBER 1-250965591-A1	OR IDENTIFYING NUMBER 5-37852	N00014-90-J-4000	12 - 7852	
9. RECIPIENT ORGANIZATION	<u></u>	8. PERIOD COVERED BY FROM (month,day,year) 02/01/93	THIS REQUEST TO (month,day,year) 05/31/93	
NAME: UNIVERSITY OF P	ITTSBURGH		sent if different than item 9)	
NUMBER AND STREET: 3117 CATHEDRAL	OF LEARNING	NAME: UNIVER:	SITY OF PITTSBURGH	
CITY, STATE and ZIP CODE: PITTSBURGH, PA	15260	NUMBER AND STREET: P.O	D. BOX 371220	
11.COMPUTATION OF AMOUNT OF REIM	BURSEMENTS/ADVANCES REQUESTED	CITY, STATE and ZIP CODE: PITTSBO	JRGH, PA 15251-7220	
PROGRAMS/FUNCTIONS/ACTIVITIES >	(a)	(b)	TOTAL	
a. Total program (As of date)				
outlays to date 05/31/93	\$318,168.03		\$318,168.03	
b.Less:Cumulative program income	0.00		0.00	
c. Net program outlays (Line a minus line b)	318,168.03		318,168.03	
d. Estimated net cash outlays for advance period	0.00		0.00	
e. Total (Sum of lines c & d)	318, 168.03		318,168.03	
f. Non-Federal share of amount				
on line e	0.00		0.00	
g. Federal share of amount on line e	318,168.03		318,168.03	
h. Federal payments previously requested	318,168.03		318,168.03	
l. Federal share now requested (Line g minus line h)	\$0.00		\$0.00	
j. Advances required by month when requested by Federal	1st Month   -0-			
grantor agency for use in	2nd Month   -0-			
making prescheduled advances	3rd Month -0-			
12.	ALTERNATE COMPUTATION FOR ADVANCES ONLY			
a. Estimated Federal cash outlays		od covered by the advance	\$0.00	
b. Less: Estimated balance of Fo			0.00	
c. Amount requested (Line a minus	s line b)		\$0.00	
13.	CERTIFI			
I certify that to the best of my knowledge and belief the	SIGNATURE OF AUTHORIZED	CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED	
data above are correct and that all outlays were made in				
accordance with the grant conditions or other agreement	Carling	Can asa	5/24/94	
and that payment is due and has not been previously requested.	TYPED OR PRINTED NAME AN	D TITLE	TELEPHONE (AREA CODE, NUMBER EXTENSION)	
, , , , , , , , , , , , , , , , , , , ,	CAROLINE CORREA ASSISTANT CONTROLLER		(412) 624-6040	
This space for agency use	· · · · · · · · · · · · · · · · · · ·		•••••	
KMC/5-37852				
270-102		STANDARD FORM		
			Office of Management and Cir. No. A-110	

CONTRAC	CT COMPLETION STA	TEMEN		
%. FROM:(Contract Administration Office)		2a. PII NUMBER		
Office of Naval Research		N00014-89-J-1161		
Regional Office		2b. LAST MODIFICATION NUM	MBER	
495 Summer Street, Room 103		P00004		
Boston, MA 02210-2109		2c. CALL/ORDER NUMBER		
	20. OALBONDER NOMBER			
2 TO (Name and Address of Bursteeline Office and Office sumbal	of the BOO If Immuni	4 CONTRACTOR IDENTITY	CODE AND ADDRESS	
2. TO: (Name and Address of Purchasing Office and Office symbol	of the PCO, if known)	4. CONTRACTOR IDENTITY CODE AND ADDRESS		
Department of the News		Woods Hole Oceanogra Challenger House	apriic institution	
Department of the Navy Office of the Chief of Naval Research		Woods Hole, MA 02543	3	
800 North Quincy Street				
Arlington, VA 22217-5000			, m	
,g.co.,, === 0000		5. EXCESS FUNDS XX	LYES L NO	
	<u> </u>	\$ <u>160.79</u>	<u> </u>	
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.	6b. VOUCHER NUMBER		6c. DATE	
7a. IF FINAL APPROVED INVOICE FORWARDED	7b. INVOICE NUMBER		7c. DATE FORWARDED	
TO D.O. OF ANOTHER ACTIVITY AND STATUS OF		- many con-	······································	
PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b.		**************************************		
AND 7c.				
	amount obligated to Gra	nnt		
	amount expended eended			
Final voucher No. 8 in the amount of (\$160.79), dated 11 of \$160.79, dated 15 May 1996 has been processedand grant. The Office of Naval Research should take ac	is in the file. Excess f	unds in the amount of \$16		
grant. The Office of Navar Nesearch should take ac	uon to deobligate this	amount.		
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HA		ATISFACTORILY ACCOMPLIS	HED. THIS INCLUDES	
9b. TYPED NAME OF RESPONSIBLE OFFICIAL  Mr. Robert Tanner	9c. SIGNATURE		9d. DATE	
ACO	Rubert H To	04	8/2/96	
·	1 100	nny		
	RCHASING OFFICE USE			
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAV THIS OFFICE IS HEREBY CLOSED AS OF:	E BEEN FULLY AND SAT	ISFACTORILY ACCOMPLISH	ED. CONTRACT FILE OF	
☐ DATE SHOWN IN ITEM 9d ABOVE				
DATE SHOWN IN ITEM 10e BELOW	(Check this box only if fir	nal completion of any signific	ant nurchasing office action	
extends more than three months beyon completed form upon final accomplishme	d close-out date shown ir	item 9d. above. In such cas	es, submit a copy of the	
10b. REMARKS				
,				
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE	
Dan F. Brinkworth	iou. OIGHATORE		IVE. DATE	

DATE: June 26, 1996

### CLOSEOUT MEMORANDUM

Subject Grant/Contract No.:_	N00014-89-J-1161
-	
Grantee/Contractor:	Woods Hole Oceanographic Institution

- 1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$205,718.21 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under \$500,000.00. Woods Hole Oceanographic Institution is a DOD cognizant institution. The basis for certifying costs is the cost analysis as explained in paragraph 4 below. Final voucher No. 8 in the amount of (\$160.79), dated 11 April 1996, along with a copy of a refund check No. 258383 in the amount of \$160.79, dated 15 May 1996, has been processed and is in the file. Excess funds in the amount of \$160.79, remain on this grant. The Office of Naval Research should take action to deobligate this amount.
- 2. The subject grant began on 1 October 1988 and was completed on 31 December 1991. The total estimated cost of the grant was \$205,879.00.
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The ONR accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.
  - b. Specific finding, with regard to the individual cost elements, are as follows:
    - (1) Direct Labor- Amounts charged were in agreement with those initially proposed.
    - (2) Overhead Grantee charged the correct ONR negotiated laboratory rate.
    - (3) Fringe Benefits Grantee charged the correct ONR negotiated rates.
    - (4) Materials/Supplies Grantee has charged what was budgeted.
    - (5) Travel Travel was at budget and all domestic.

- (6) Equipment Equipment was charged at budget.
- (7) Other Direct Costs Were reasonable and accepted.
- (8) General & Administration Grantee charged the correct ONR negotiated rate.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Mary Moore

ads Junior Contract Specialist

Tim Lowe

ads Project Manager

# FINANCIAL STATUS REPORT (Short Form)

	y and Organizational Element to Whic		of Other Identifying Number Assigned	ONB Appr	roval Page of
Report is subm	itted  OF NAVAL RESEARCH	By Federal Ag	N00014-89-J-1161	No 0348-001	39 I I pages
Recipient Orga	anization (Name and complete address,	including Zin Code)			
WOODS HOL GENERAL AG 569 WOODS WOODS HOL	LE OCEANOGRAPHIC INSTITUTIO CCOUNTING HOLE ROAD LE, MA 02543-1056	ON			
4. Employer Iden	tification Number	5. Recipient Account Number	er or Identifying Number	6. Final Report	7. Basis
	04-2105850	131	161SP	[X] Yes [] No	[] Cash [X] Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) To: (Month, Day, Year)			9. Period Covered by this Repo From: (Month, Day, Year)		onth, Day, Year)
10/01/88 12/31/91			10/01/8	8	12/31/91
10. Transactions:			Previously Reported	This Period	Cumulative
a. Total Ou	ıtlays		0.00	205,718.21	205,718.21
b. Recipient share of outlays			0.00	0.00	0.00
c. Federal share of outlays			0.00	205,718.21	205,718.21
d. Total un	liquidated obligations				0.00
					0.00
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					0.00
g. Total Fe	deral share (Sum of lines c and t	<u>')</u>			等之 205,718.21
h. Total Fe	deral funds authorized for this fu	nding period		1990年7月15日	205,879.00
i. Unobliga	ted balance of Federal funds (Li	ne h minus g)			160.79
11. Indirect	a. Type of Rate (Place ")	(" in appropriate box)			
Expense	[] Provi	sional [] F	Predetermined [] F	inal [X] Fix	ed
	b. Rate See Attached	c. Base \$90.654	d. Total Amount \$59,22		eral Share \$59,221
12. Remarks:	Attach any explanations deemed	necessary or information re	equired by Federal sponsoring agency	in compliance with govern	ning legislation.
13. Certification:	I certify to the best of my knowled obligations are for the purposes se		is correct and complete and that all ounts.	tlays and unliquidated	
Typed or Printe	d Name and Title R. David			Telephone (Area code, n	
		Controller	****		89-2363
Signature of Au	thorized Certifying Official			Date Report Submitted	1
	) and/	udden		5/10/	196
	//				Form 269A (REV 11/90) d by OMB Circular A-102 and A-110

	nt e. Federal Share	0 12,019	0 8,487.00	10,974.00	8,315.00	90 8,313.00	00.777.00	2,34	1,988.00	\$59,221,00
N00014-89-J-1161	d. Total Amount	12,019.00	8,487.00	10,974.00	8,315.00	8,313.00	6,777.00	2,348.00	1,988.00	\$59,221.00
	c. Base	29,676.08	29,676.08	28,283.94	28,283.94	25,192.39	25,192.39	7,501.51	7,501.51	\$90,653.92
INDIRECT EXPENSE:	b. Rate	40.50%	28.60%	38.80%	29.40%	33.00%	26.90%	31.30%	, 56.50%	
· · · · · · · · · · · · · · · · · · ·		FY 1991 Laboratory Overhead	General & Administative	FY 1990 Laboratory Overhead	General & Administative	FY 1989 Laboratory Overhead	General & Administative	FY 1988 Laboratory Overhead	General & Administative	TOTAL

Financial Status Report Job Sumary For the period ended 12/31/92

131161SP (02) HOIO-OXIDATION-CHLOROPHYL

	Aurrent Month Budget Costs	nt Year h to Date s Oosts	Inception to Date Costs
Salaries - Regular	63,823.52	63,823.52	63,823.52
5050 Fringe Benefits Regular	26,830.40	26,830.40	26,830.40
5060 Lab Overhead Regular App	33,654.47	33,654.47	33,654.47
5170 Travel - Domestic	1,100.98	1,100.98	1,100.98
5210 Supplies	22,774.72	22,774.72	22,774.72
5250 Stockroom Supplies	411.01	411.01	411.01
5260 Tools	3.56	3.56	3.56
5310 Other Outside Services	72.20	72.20	72.20
5330 Repairs & Maintenance	4,418.60	4,418.60	4,418.60
5340 Outside EDP Services	40.27	40.27	40.27
5360 Comunications	1,325.86	1,325.86	1,325.86
5370 Shipping & Postage	394.55	394.55	394.55
5389 Miscellaneous In-house Service	6,277.20	6,277.20	6,277.20
5430 Diplicating	283.23	283.23	283.23
5480 Equipment Rental	512.90	512.90	512.90
5560 GRA Charges	18,227.22	18,227.22	18,227.22
OG&A Regular App	25,567.52	25,567.52	25,567.52
NAT FOR 131161SP	205, 718.21	205,718.21	205,718.21

PROJECT FOR ADVANCE		Approved by Off		PAGE OF		
REQUEST FOR AD			and Budget, No.		41.1	1 1 PAGES
OR REIMBURSEM	IENT		I.	a. "X" one,or b		2. BASIS OF REQUEST
			TYPE OF	[x] ADVANCE	[ ]REIMBURSE	[ x ] CASH
			PAYMENT	b. "X" the applicable b		
			REQUESTED	[X]FINAL	[ ] PARTIAL	[ ] ACCRUAL
3. FEDERAL SPONSOR			4. FEDERAL GRANT OR OTHER			5. PARTIAL PAYMENT REQUEST
ORGANIZATIONAL I				G NUMBER AS	NUMBER OF THIS REQUEST	
WHICH THIS REPORT		TED	BY FEDERAL A		0.5044	
DEPARTMENT OF			N00014-89-J-110			8 FINAL
	7. RECIPIENT'S ACCOUNT N			VERED BY TH		
	l l		FROM		TO	1
0 4-2 1 0 5 8 5 0 131161		10/01/88		12/31/91		
9. RECIPIENT ORGANIZ	ZATION			10. PAYEE		
		IOMICE INVOLU				
WOODS HOLE OCEANOGRAPHIC INSTITUTION				0.4.14.0		
CHALLENGER HOUSE					SAME	
WOODS HOLE, MA 02543						
			(ID 05) (D) (T) (T)	DIVINION DE	or mamph	
11. COMPUTATI	ON OF AMO	UNT OF REIMB	<del>,</del>			
			(a)	(b)	(c)	T 0 T 4 1
PROGRAMS/FUNCTIONS/ACTIVITIES					TOTAL	
		\$	\$	\$	\$	
		(As of date)				005 740 04
a, Total program outlays to	date					205,718.21
	_					
b. Less: Cumulative progr	am income					
						005 740 04
c. Net program outlays (Li	ne a minus lin	ie b)				205,718.21
	_					
d. Estimated net cash outla	ys for advanc	e period				0.00
						اته و حود
e. Total (Sum of lines c &	d)					205,718.21
f. Non-Federal share of am	ount on line e					
						005 740 04
g. Federal share of amount	on line e					205,718.21
		_				
h. Federal payments previo	ously requeste	d		!		205,879.00
l. <b>_</b>						CHECK ATTACHED
i. Federal share now reques	sted (Line g m	inus line h)		<u> </u>		(160.79)
l						
j. Advances required by me		1st month				
when requested by Feder						
grantor agency for use in		2nd month	1	1		
making prescheduled adv	vances	2-1				
AT TEDALATE	COMPLITAT	3rd month	NOES ONLY	<del></del>		
ALIERNATE	COMPUTAT	TION FOR ADVA	INCES ONLY			
- Fatimeted Federal coals		:11 1		41		\$
a. Estimated Federal cash of	outlays that w	ili de made during	; period covered b	y the advance	<del></del>	Ф
h I am . Fatimated balance	6Г-41		Lii			\$
b. Less: Estimated balance	of Federal ca	ish on nand as of	beginning of adva	nce period		Ψ
10:	1.		7)			· ·
c. Amount requested (Line	a minus line		<u>/</u>			\$
		CERTIFICATION		ACDTICION CO	OFFICIAL	
I certify that to the best of my knowledge		SIGNATURE	F AUTHORIZE	CERTIFYING	OFFICIAL	DATE REQUEST
and belief the data above are correct and		1 1/1/	12 choto	10 000	ato.	SUBMITTED
that all outlays were made in accordance		11/	nc_7\/	MIN	1. 63/17 N	11-Apr-96
with the grant conditions or other			INTED NAME A	ND TITLE	/1	TELEPHONE (AREA CODE,
agreement and that payment is due and		JANE HARRIN			/	NUMBER, EXTENSION)
has not been previously requested		ACCOUNTS R	ECEIVABLE			508-548-1400 ext 2462
This space for agency use						



# WOODS HOLE OCEANOGRAPHIC INSTITUTION WOODS HOLE, MA 0\_13

ONE Hundred SIXTY Dollars and SEVENTY NINE Cents

Bank of Boston (Maine), N.A. Sou\_Portland, ME

Check Date

Check No.

05/15/96

258383

Check Amount

160.79

TO THE ORDER :

Office Of Naval Research

495 Summer St Rm103

PAY

ONR Draper

Boston, MA 02210-2109

**VOID AFTER 90 DAYS** 

# 258383# #O11201539# 80 018 971

INVOICE/REFERENCE		WHOI REFERENCE	GROSS AMOUNT	DISCOUNT	NET
Number/Comment	Date	NO.	AMOUNT	DISCOUNT	AMOUNT
N00014-89-J-1161	05/13/96		160.79	0.00	160.79
					y <b>®</b> re, zeVine 8 zige
	,				
					·· -
				***	, as
					•••
·		,			
					F 7-1-1-1-1
TOTALS	1	60.79			

CHECK NO.	PAYEE
258383	00007289

CONTRACT COMPLETION STATEMENT				
1. FROM:(Contract Administration Office)		2a. Pli NUMBER		
Office of Naval Research		N00014-91-J-4125		
Regional Office		2b. LAST MODIFICATION NUMBER		
495 Summer Street, Room 103		A00001		
Boston, MA 02210-2109		2c. CALL/ORDER NUMBER		
		20. CALL/ORDER NOMBER		
2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, If known)		4. CONTRACTOR IDENTITY		
		Woods Hole Ocean	• .	
Department of Naval Research		569 Woods Hole Ro		
Office of the Chief of Naval Research		Woods Hole, MA 02	2543-1056	
800 North Quincy Street		F	a ==	
Arlington, VA 22217-5660		5. EXCESS FUNDS XX YES NO \$ 2,550.07		
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.	66. VOUCHER NUMBER 8		6c. DATE 04/10/96	
7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.	7b. INVOICE NUMBER		7c. DATE FORWARDED	
8. REMARKS			1	
\$ 263,128.00	Total amount obliga	ted to grant		
<u>260,577.93</u>	Total amount expen	ded		
\$ 2,550.07	Unexpended			
Final voucher No. 8 in the amount of (\$2,550.07), da	nted 10 April 1996, alo	ng with a copy of a refund	I check No. 258997 in the	
amount \$2,550.07 is in the file. Excess funds in the				
should take action to deobligate this amount.				
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HA FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION OF		ATISFACTORILY ACCOMPLIS	HED. THIS INCLUDES	
9b. TYPED NAME OF RESPONSIBLE OFFICIAL Robert Tanner	9c. SIGNATURE		9d. DATE	
ACO	Ralatt Ta	m m M	8/2/96	
	Wahled H Tannel			
	RCHASING OFFICE USE			
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAV   THIS OFFICE IS HEREBY CLOSED AS OF:	E BEEN FULLY AND SAT	ISFACTORILY ACCOMPLISH	ED. CONTRACT FILE OF	
☐ DATE SHOWN IN ITEM 9d ABOVE				
□ DATE SHOWN IN ITEM 10e BELOW (C extends more than three months beyon				
completed form upon final accomplishme	ent of all purchasing office	e actions to the contract adm	inistration office. (Upon	
receipt, the contract administration office	shall extend its contract	file close-out date according	(y.))	
10b. REMARKS				
10c. TYPED NAME OF RESPONSIBLE OFFICIAL Eillen Tarantino	10d. SIGNATURE		10e. DATE	

DATE: June 26, 1996

## **CLOSEOUT MEMORANDUM**

Subject Grant/Contract No.:	N00014-91-J-4125
Grantee/Contractor:	Woods Hole Oceanographic Institution

- 1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$260,577.93 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. Woods Hole Oceanographic Institution is a DOD cognizant institution. The obligated amount is less than \$500,000.00. The basis for accepting costs is the desk review as explained in paragraph 4 below. Final voucher No. 8 in the amount of (\$2,550.07), dated 10 April 1996, along with a copy of a refund check no.258997 in the amount of \$2,550.07 is in the file. Excess funds in the amount of \$2,550.07, remain on this grant. The Office of Naval Research should take action to deobligate this amount.
- 2. The subject grant began on 15 August 1991 and was completed on 30 September 1994. The total estimated cost of the agreement was \$263,128.00
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The ONR accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.
  - b. Specific finding, with regard to the individual cost elements, are as follows:
    - (1) Direct Labor Amounts charged were in agreement with those initially proposed.
    - (2) Overhead Grantee charged the correct ONR negotiated on-campus rate.
    - (3) Materials/Supplies Grantee has charged what was budgeted.
    - (4) Travel Travel was under budget for domestic and foreign.
    - (5) Equipment Equipment was charged, however was below budget.

- (6) Other Direct Costs Were reasonable and accepted.
- (7) General & Administration Grantee charged the correct ONR negotiated rate.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Mary Moore

ads Junior Contract Analyst

Tim Lowe

ads Closeout Project Manager

# FINANCIAL STATUS REPORT

(Short Form) 1. Federal Agency and Organizational Element to Which 2. Federal Grant of Other Identifying Number Assigned OMB Approval Report is submitted By Federal Agency 0348-0039 OFFICE OF NAVAL RESEARCH N00014-91-J-4125 3. Recipient Organization (Name and complete address, including Zip Code) WOODS HOLE OCEANOGRAPHIC INSTITUTION GENERAL ACCOUNTING 569 WOODS HOLE ROAD WOODS HOLE, MA 02543-1056 4. Employer Identification Number 5. Recipient Account Number or Identifying Number 6. Final Report 7. Basis [] Cash 04-2105850 134125SP [X] Yes [X] Accrual 8. Funding/Grant Period (See Instructions) 9 Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) From. (Month, Day, Year) To: (Month, Day, Year) 08/15/91 09/30/94 09/30/94 10. Transactions: Previously This Cumulative Reported Period 0.00 260,577.93 260,577.93 a. Total Outlays 0.00 0.00 0.00 b. Recipient share of outlays 0.00 260 577 93 260,577.93 c. Federal share of outlays d. Total unliquidated obligations 0.00 e. Recipient share of unliquidated obligations 0.00 0.00 f. Federal share of unliquidated obligations g. Total Federal share (Sum of lines c and f) 260,577.93 h. Total Federal funds authorized for this funding period 263,128.00 i. Unobligated balance of Federal funds (Line h minus g) 2,550.07 a. Type of Rate (Place "X" in appropriate box) 11. Indirect [] Provisional [] Predetermined [] Final [X] Fixed Expense d. Total Amount b. Rate c. Base e. Federal Share See Attached \$94,394 \$94.394 \$133,223 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. Typed or Printed Name and Title Telephone (Area code, number and extension) R. David Rudden

Assistant Controller

Date Report Submitted

(508) 289-2363

Standard Form 269A (REV 1130) Prescribed by OMB Circular A-102 and A-110

	b. Rate	c. Base	d. Total Amount	e. Federal Share
FY 1993 Laboratory Overhead	37.90%	44,450.24	16,847.00	16,847.00
General & Administative	32.00%	44,450.24	14,224.00	14,224.00
FY 1992 Laboratory Overhead	42.10%	63,909.97	26,906.00	26,906.00
General & Administative	30.10%	63,909.97	19,237.00	19,237.00
FY 1991 Laboratory Overhead	40.50%	24,862.44	10,069.00	10,069.00
General & Administative	28.60%	24,862.44	7,111.00	7,111.00
TOTAL		\$133,222.65	\$94,394.00	\$94,394.00

N00014-91-J-4125

INDIRECT EXPENSE:

PEOLICE FOR ADVA	NOT	* pproved by Office and Budget, No. 80			AGE OF 1   1 PAGES
REQUEST FOR ADVA OR REIMBURSEMEN		, 1.	a. "X" one,or both		BASIS OF REQUEST
	4	TYPE OF PAYMENT	[X] ADVANCE b. "X" the applical	[ X ]REIMBURSE	[X]CASH
-		REQUESTED	[X] FINAL	[ ] PARTIAL	[ ] ACCRUAL
3. FEDERAL SPONSORING		4. FEDERAL GRA			5. PARTIAL PAYMENT REQUEST
ORGANIZATIONAL ELE			NUMBER ASSIGNE	D	NUMBER OF THIS REQUEST
WHICH THIS REPORT IS		BY FEDERAL AG	ENCY		0.5554.4
6. EMPLOYER I.D.	7. RECIPIENTS ACCOUNT NO.	N00014-91-J-4125	E ERED BY THIS R	REQUEST	8 FINAL
NUMBER	OR IDENTIFYING NO.	FROM	E ERED DI ITIO K	TO	
04-2105850	134125	08/15/91	1	09/30/94	
9. RECIPIENT ORGANIZAT	<u> </u>		10. PAYEE		
WOODS HOLE OCEANOGE	A PLUC INSTITUTION				
CHALLENGER HOUSE	CATTLE INSTITUTION			SAME	
WOODS HOLE, MA 02543				511 M B	
11. COMPUTATIO	ON OF AMOUNT OF REIMBURSE	MENTS / ADVANCES	REQUESTED (b)	(c)	
PROGRAMS/FUNCTIONS/A	ACTIVITIES	(4)			TOTAL
		\$	\$	\$	\$
Tatal managem authors to do	(As of date)				260,577.93
a, Total program outlays to da	ite				200,377.93
b. Less : Cumulative program	income				
c. Net program outlays (Line	i li b)				260,577.93
c. Net program outlays (Line	a minus line b)				200,377.93
d. Estimated net cash outlays	for advance period				0.00
e. Total (Sum of lines c & d)					260,577.93
f. Non-Federal share of amoun	nt on line e				200,311.33
1. 14011-1 edetal share of alloud	it on thice			-	
g. Federal share of amount on	line e				260,577.93
h Endowel moneyants muscianal					263,128.00
h. Federal payments previous	y requested .		+		CHECK ATTACHED
i. Federal share now requested	i (Line g minus line h)				(2,550.07)
i. Advances required by mont	h, 1st month				
when requested by Federal grantor agency for use in	2nd month				
making prescheduled advan	ces 3rd month				
ALTERNATE (	COMPUTATION FOR ADVANCE	SONLY			
a. Estimated Federal cash outl	ays that will be made during period	covered by the advance			\$
b. Less: Estimated balance of	Federal cash on hand as of beginning	ng of advance period			\$
c. Amount requested (Line a r	ninus line b)	7			\$
	CERTIFICATA			,	To a man province
I certify that to the best of my	- / / /-	OF AUTHORIZED CER	TIFYING OFFICIA	L .	DATE REQUEST
and belief the data above are of that all outlays were made in		VICHO	2/1/1	atto	SUBMITTED 10-Apr-96
with the grant conditions or o		INTED NAME AND T	TLE	J/C/	TELEPHONE (AREA CODE,
agreement and that payment is			/		NUMBER, EXTENSION)
has not been previously reque		PROGRAMS ADMINIS	STRATOR		508-548-1400 ext 2462
This space for agency use					



# WOODS HOLE OCEANO WOODS HOLE, MA 02543

PHIC INSTITUTION

Bank of Bost Maine), N.A. South Portland, ME

<u>52-153</u> -112

Check Date

Check No.

05/29/96

258997

PAY: TWO Thousand FIVE Hundred FIFTY Dollars and SEVEN Cents

Check Amount

2.550.07

TO THE

Office Of Naval Research

ORDER

495 Summer St Rm103

OF

ONR Draper

Boston, MA 02210-2109

Mauriew Hay Juney

Authorized Signature

**VOID AFTER 90 DAYS** 

# 25B997# #O11201539# BO O18 971#

invoice/reference		WHOI REFERENCE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
Number/Comment	Date	NO.	, 41,00,11		
N00014-91-J-4125	05/28/96		2,550.07	0.00	2,550.07
			·		
		:			
	_				
	·				
			<b>.</b>		
TOTALS	2,	550.07			

CHECK NO.	PAYEE
258997	00007289

CONTRAC	CT COMPLETION STA	TEMEN	
1.FROM:(Contract Administration Office) Office of Naval Research Boston Regional Office 495 Summer Street, Rm 103 Boston, MA 02210-2109		22. PH NUMBER N00014-89-J-1520 2b. LAST MODIFICATION NUM P00002 2c. CALL/ORDER NUMBER	MBER
2. TO: (Name and Address of Purchasing Office and Office symbol Department of Naval Research Office of the Chief of Naval Research 800 North Quincy Street Arlington, VA 22217-5660	of the PCO, If known)	4. CONTRACTOR IDENTITY OF WOODS Hole Ocean Challenger House Woods Hole, MA 02  5. EXCESS FUNDS XX 187.00	ographic Institution
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.	66. VOUCHER NUMBER 9 fina	al	6c. DATE 17 June 1996
7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.	7b. INVOICE NUMBER		7c. DATE FORWARDED
\$ 383,956.00  383,769.00 \$ 187.00  The grantee did not use all program funds. The grantee redated 07, June 1996, in the amount of \$187.00. Excess faction to delobligate these funds.		t for the unexpended balanc	
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HA		ATISFACTORILY ACCOMPLIS	HED. THIS INCLUDES
9b. TYPED NAME OF RESPONSIBLE OFFICIAL Robert Tanner ACO	9c. SIGNATURE Relet H Ta		9d. DATE 8/2/95
FOR PU	RCHASING OFFICE USE	ONLY	7
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAV THIS OFFICE IS HEREBY CLOSED AS OF:  □ DATE SHOWN IN ITEM 9d ABOVE □ DATE SHOWN IN ITEM 10e BELOW (C extends more than three months beyond completed form upon final accomplishme receipt, the contract administration office	theck this box only if final d close-out date shown in ent of all purchasing offic	completion of any significan item 9d. above. In such cas e actions to the contract adm	t purchasing office action es, submit a copy of the inistration office. (Upon
10b. REMARKS			
10c. TYPED NAME OF RESPONSIBLE OFFICIAL Darlene L. Miles	10d. SIGNATURE		10e. DATE

DATE: July 15, 1996

# **CLOSEOUT MEMORANDUM**

Subject Grant/Contract No.: N00014-89-J-1520	
•	
Grantee/Contractor: Woods Hole Oceanographic Institution	

- 1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$383,769.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. Woods Hole Oceanographic Institution is a DOD cognizant institution. The grant is under \$500,000.00. The basis for certifying cost is the cost analysis as explained in paragraph 4 below. The grantee did not use all program funds. The grantee refunded the government for the unexpended balance by check No. 259565, dated 07, June 1996, in the amount of \$187.00. The final SF270 No. 9 in the amount of \$187.00 was forwarded for processing on 17 June 1996. Excess funds in the amount of \$187.00 remain on this grant. ONR 822 should take action to delobligate these funds.
- 2. The subject grant began on 1 November 1988 and was completed on 31 December 1990. The total estimated cost of the grant was \$383,956.00.
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Report were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The ONR accepted A-122-A88, OMB audit covering the period of performance reported that the Grantee has a financial system in place that protects the interest of the Federal Government.
- b. Specific finding, with regard to the individual cost elements, are as follows:
  - (1) Direct Labor Amounts charged were in agreement with those initially proposed.
  - (2) Overhead Grantee charged the correct ONR negotiated on-campus rate.
  - (3) Fringe Benefits Grantee charged the correct negotiated rates.
  - (4) Materials/Supplies Grantee charged what was budgeted.
  - (5) Travel Travel was at budget and all domestic.
  - (6) Equipment No equipment was charged.

- (7) Other Direct Costs Were reasonable and accepted.
- (8) General & Administration Grantee charged the correct ONR negotiated rate.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Mary Moore

ads Junior Contract Specialist

Ken Sherman

ads Senior Contract Specialist

# FINANCIAL STATUS REPORT (Short Form)

Federal Agency and Organizational Element to Which Report is submitted		l Grant of Other Ider leral Agency	tifying Number Ass	igned		OMB Approval No.	Page	of
	Ву Гец	* -				0348-0039	1	l pages
OFFICE OF NAVAL RESEARCH		N00	014-89-J-1520					
3. Recipient Organization (Name and complete address,	including Zip Code)						L	
WOODS HOLE OCEANOGRAPHIC INSTITUTION	ON .							
GENERAL ACCOUNTING 569 WOODS HOLE ROAD								
WOODS HOLE, MA 02543-1056 4. Employer Identification Number	5. Recipient Account	Number or Identifyi	ng Number	6	Final Report		7. Basis	
	. Recipient / Recount	131520SP			-	D. N.	[] Cash	(V) Assembl
04-2105850				·	Yes	[] No	[] Casii	[X] Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)	To: (Month, Day, Year		Period Covered by the From: (Month, Day,			To: (Month,	Day, Year)	
10/01/88	12/31/9		1	10/01/88			12/31/90	REVISED
10. Transactions:	120110		1		II This		III Cumulativ	
		:	Previously Reported		Perio	1	Cumulativ	/e 
		:						
a. Total Outlays			0.00		383,769.00		383,769.00	
		!		İ				
b. Recipient share of outlays			0.00		0.00		0.00	
			2.22	į				
c. Federal share of outlays			0.00		383,769.00		383,769.00	
d Tatal unliquidated abligations							0.00	
d. Total unliquidated obligations								
							0.00	
e. Recipient share of unliquidated obligation	15						0.00	
							0.00	
f. Federal share of unliquidated obligations							0.00	
		į.			5		000 700 00	
g. Total Federal share (Sum of lines c and f	<u> </u>						383,769.00	
								:
h. Total Federal funds authorized for this fu	nding period						383,956.00	
i. Unobligated balance of Federal funds (Lir	ne h minus g)						187.00	
	" in appropriate box)							
11. Indirect [] Provis	ional	[] Predetermine	ed	[] Final		[X] Fixed		:
Expense	c. Base	d 1	otal Amount			e. Federal:	Share	
See Attached	\$44,856			\$28,425			\$28,425	
12. Remarks: Attach any explanations deemed	necessary or informa	tion required by Fe	ederal sponsoring	agency in c	ompliance with	governing l	egislation.	
								!
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40.00475				·				
<ol> <li>Certification: I certify to the best of my knowleds obligations are for the purposes set</li> </ol>			d complete and tha	it all outlays	and unliquida	ed		
Typed or Printed Name and Title				Te	lephone (Area	code, numb	er and extension)	
R. David	Rudden Controller			į	,	(508) 289-2	·	;
				D-	te Report Subr			
Signature of Authorized Certifying Official	<i>A</i>			Ja	re report Subi	I A		
/\' ') avug /	Judden	-			6/3	196		
/	_				-		269A (REV 11/90) MB Circular A-102 an	d A-110

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N00014-89-J-1520

	b. Rate	c. Base	d. Total Amount	e. Federal Share
FY 1990 Laboratory Overhead	38.80%	18,776.75	7,285.00	7,285.00
General & Administative	29.40%	18,776.75	5,520.00	5,520.00
FY 1989 Laboratory Overhead	33.00%	26,076.38	8,605.00	8,605.00
General & Administative	26.90%	26,076.38	7,015.00	7,015.00
FY 1988 Laboratory Overhead	31.30%	0.00	0.00	0.00
General & Administative	26.50%	0.00	00:00	0.00
TOTAL		\$44,853.13	\$28,425.00	\$28,425.00

		· · · · · · · · · · · · · · · · · · ·	pproved by Office	of Management	1	GE OF
REQUEST FOR A	DVANCE		l and Budget, No. 80-	_	'	1 1 PAGES
OR REIMBURSI			1.	a. "X" one,or both	boxes	2. BASIS OF REQUEST
			TYPE OF	[X] ADVANCE	[ X ]REIMBURSE	[ X ] CASH
			PAYMENT	b. "X" the applical		1 1
			REQUESTED	[X]FINAL	[ ]PARTIAL	[ ]ACCRUAL
3. FEDERAL SPONSORING	ACENCY AND		4. FEDERAL GRANT	<del></del>	( )1.44.2.2	5. PARTIAL PAYMENT REQUEST
ORGANIZATIONAL ELE		•	IDENTIFING NUMBI		•	NUMBER OF THIS REQUEST
WHICH THIS REPORT IS			BY FEDERAL AGENCY			nonmax or max nagozar
DEPARTMENT OF		•	N00014-89-J-1			9 FINAL-REVISED
	7. RECIPIENT'S A		8. PERIOD COVE		EQUEST	
				CREDBI IIIOR	то	
NUMBER	OR IDENTIFYING N	IO.	FROM 11/01/09	,	12/31/90	
04-2105850			11/01/88		12/31/90	
9. RECIPIENT ORGANIZAT	ION			10. PAYEE		
WOODS HOLE OCEA CHALLENGER HOUS WOODS HOLE, MA	E	INSTITUTIO	N		SAME	
11. COMPUTATION	ON OF AMOUNT	OF REIMBURSE	EMENTS / ADVANC	ES REQUESTED		
			(a)	(b)	(c)	
PROGRAMS/FUNCTION	ONS/ACTIVITI	ES	1.	` '	1	TOTAL
			\$	\$	\$	\$
		(As of date)				
a, Total program outlays to da	'e	,				383,769.00
a, rour program outrajo to un	·					
b. Less: Cumulative program	income				•	1
o. Dess. Camalanve program	income.			· · · · · · · · · · · · · · · · · · ·		
c. Net program outlays (Line a	minus line h)					383,769.00
c. Net program outlays (Eme a	minus mic o)					
d. Estimated net cash outlays f	or advance period					0.00
u. Estimated her cash odnays i	or advance period					
e. Total (Sum of lines c & d)						383,769.00
e. Total (Sum of files c & d)						000,700.00
6 Nov Endondolono of amount	4 li					
f. Non-Federal share of amoun	t on tine e					
T 1 1 1	···					383,769.00
g. Federal share of amount on	line e					303,7 03.00
						383,956.00
h. Federal payments previously	y requested					363,936.00
	<i>(</i> 7 ) 11 . 11 .	1.3				(187.00)
i. Federal share now requested	(Line g minus line	<u>n)</u>				(107.00)
		1				
j. Advances required by month	<b>1,</b>	1st month	<del> </del>			
when requested by Federal						
grantor agency for use in		2nd month	<del> </del>			-
making prescheduled advance	es					
AT TENDALA	CONTRACTOR A	3rd month	NAMES ON A	7		
ALTERNA	E COMPUTA	TION FOR AL	OVANCES ONLY	<u> </u>		<b>_</b>
						•
a. Estimated Federal cash outle	ays that will be mad	de during period co	vered by the advance	·····		\$
b. Less: Estimated balance of	Federal cash on har	nd as of beginning	of advance period			\$
		$\alpha$				
c. Amount requested (Line a n	ninus line b)					\$
		CERTIFICAT				
I certify that to the best of my	knowledge	SIGNATURE OF AU	THORISED CERTIFYING	OFFICIAL	1	DATE REQUEST
and belief the data above are o	orrect and	1/1/1		~	Jan -	SUBMITTED
that all outlays were made in a	ccordance	Nen	CALL	ung	Dr	17-Jun-96
with the grant conditions or ot	her /	TYPED OR PRINTEL			-	TELEPHONE (AREA CODE,
agreement and that payment is		JANE HARRI	NGTON	/		NUMBER, EXTENSION)
has not been previously reques		ACCOUNTS REC				508-548-1400 ext 2385
This space for agency use						

270-102



Chéck Date

Check No.

**206707/96** 

259565

PAY ONE Hundred EIGHTY SEVEN Dollars and ZERO Cents

Check Amount

187.00

TÓ THE

-Office Of Naval Research

ORDER

495 Summer St Rm103

ONR Draper

Boston/ MA 02210-2109

VOID AFTER 90 DAYS

#259565# #011201539# 80 018 971"

Number/Comment Date NO.	INVOICE/REFERENC	Œ	WHOI REFERENCE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
N00014-89-J-1520 06/06/96 187.00 0.00 187.0	Number/Comment	Date		MACON	DISCOUNT	AMOUNT
	N00014-89-J-1520	06/06/96		187.00	0.00	187.00
	·					
			·			
TOTALS 187 ft	TOTALS	ļ				187.00

050565	
259565	00007289

CONTRACT COMPLETION STATEMENT									
1, FROM:(Contract Administration Office)		2a. PN NUMBER NO0014-91-J-1457							
Office of Naval Research Regional Office 536 South Clark street Room 208 Chicago, IL. 60605-1588		2b. LAST MODIFICATION NUMBER P00002 2c. CALL/ORDER NUMBER							
						2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known)		4. CONTRACTOR IDENTITY CODE AND ADDRESS	
Department of the Navy Office of the Chief of Naval Research 800 North Quincy		University of Toledo 2801 W. Bancroft St., Toledo, OH 43606							
Arlington, VA. 22217-5005		5. EXCESS FUNDS XX \ \$7,6	☑ YES □ NO 7,669.37						
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b 6b. VOUCHER NUMBER AND 6c. 11		6c. DATE 11/21/94							
7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.		7c. DATE FORWARDED							
8. REMARKS									
\$ 162,055.00 Total amount Obligated to Grant  154,385.63 Total amount billed  7,669.37 Unexpended  Excess funds in the amount of \$ 7,669.37 remain on this grant. The Department of the Navy should take action to deobligate this amount.									
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN									
9b. TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Gerard Smith	9d. DATE								
FOR PURCHASING OFFICE USE ONLY									
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))									
10b. REMARKS									
10c. TYPED NAME OF RESPONSIBLE OFFICIAL Mr. David VanMetre	10d. SIGNATURE		10e. DATE						
	1		L						

**DATE: January 31, 1996** 

# **CLOSEOUT MEMORANDUM**

Subject Grant/Contract No.:	N00014-91-J-1457	
Country (Country at a m	I	
Grantee/Contractor:	University of Toledo	

- 1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$154,385.63 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under \$500,000.00. The University of Toledo is a HHS cognizant institution. The basis for certifying costs is the cost analysis as explained in paragraph 4 below. Excess funds in the amount of \$7,669.37 remain on the contract. The Office of Naval Research should take action to deobligate this amount. Final voucher no.11 was forwarded for payment on 26 May 1995.
- 2. The subject agreement began on 1 March 1991 and was completed on 28 February 1993. The total estimated cost of the agreement was \$162,055.00.
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The HHS accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.
  - b. Specific finding, with regard to the individual cost elements, are as follows:
    - (1) Direct Labor amounts charges were in agreement with those initally proposed.
    - (2) Overhead The grantee charged the correct HHS predetermined oncampus rate.
    - (3) Fringe Benefits The grantee charged the correct HHS predetermined oncampus rate.
    - (4) Materials & Supplies The grantee expended what was budgeted.

- (5) Travel The grantee expended what was budgeted.
- (6) Equipment Equipment charged was at budget.
- (7) Other Direct costs were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

epfachellen Ediradellon

ads Senior Contract Specialist

	iFollow instructions			A			
<ol> <li>Federal Agency and Organizational Elements</li> <li>to Which Report is Submitted</li> </ol>	nt 2. Federal Grant or By Federal Agen	per Assigned**	Assigned - OMB Appro- No. 0348-003		1		
U. S. Department of the	-J-1457	· · · · · · · · · · · · · · · · · · ·			pages		
3. Recipient Organization (Name and competer The University of Toledo 2801 West Bancroft St.			·				
To Lodo OH 43696  Employer Identification Number 34-6401483	5. Recipient Account Number or 218780		8. Finei Recort		Accruel		
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)	To: (Month. Day. Year)	From: (Month, i			(Month, Day, Year) 2/28/94		
03/01/91 10.Transactions:	02/28/94 03/01/91 Previously Reported		1	II The Penod		tive	
a. Total outleys		0	161,	161,635.63		35.63	
b. Refunda, recesses, etc.		. 0		0		0	
c. Program income used in accordance	with the deduction atternative	00		0		0	
d. Net outleys (Line a, less the sum of lines b and c)		0	161,	635.63	161,6	35.63	
Recipient's share of net outlays, consisting. Third party (in-lund) contributions		0		0		0	
Other Federal awards authorized to be used to match this award		0		0	ļ	0 .	
<ol> <li>Program income used in accordance with the matching or cost sharing atternative</li> </ol>		0		0		0	
All other recipient outlays not shown to     Total recipient share of net outlays (S.		0		7,250.00		50.00	
i. The recommendation of the company	an or miles of the grant of	0	7,	250.00	7,2	50.00	
, p. Federal share of net outlays (line d let	sa line i)	0		385.63	154,3	35.63	
Total uniquidated obligations     Recipient's share of uniquidated oblig	uniona.	4.4			) <del></del>	0	
m Federal share of uniquidated obligation		- 19	•	rings)	<u> </u>	0	
n. Total lederal share (sum of lines ) and m)		1	1		15/ 2/	0 '	
o. Total federal funda authonzed for tha	lunding period					35.63	
p. Unobligated belance of federal funds	(Line a minus line n)			te s		7,669.37	
Program income, consisting of: a. Disbursed program income shown on	lines c and/or o above					0	
Discursed program income using the adolption afternative		-		e q.		0	
s. Undabursed program income						0	
t. Total program income realized (Sum		7. A 2.		•		0	
11. Indirect	"X" in appropriate box! onel Praces		☐ Find		Fuseri		
Expense b. Rate 57.9%/60%  12. Asmerks. Attach any explanations det	41,518.54/17,0		.16/10,2	239 66 2	4,038,		
<ol> <li>Remarks. Attach any explanations des governing legislation.</li> </ol>	singe indeeder of milerined en		-20 - 3 <del>0 - 4   4  </del>	-:		1	
13. Ceratication   Learnify to the best of a unliquidated obligation	my knowledge and belief that i ns are for the purposes set for	his report is correc th in the award doc	UMANIA.				
Typed or Printed Name and Title				Telephone (Area code, number and errension)			
Brenda McKinley, Grants Signature of Authorized Certifying Official		Date Report Submitted					
renda MC	Kuley		11/21	•	moved form	HE -REV 4-841	
Previous Editions not _supre	/1			au		.03 .00 0	

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not

c. Amount requested (Line a minus line b)

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TUNIA MELLILLY

TYPED OR PRINTED NAME AND TITLE

CERTIFICATION

11/21/94
TELEPHONE (AREA CODE, NUMBER, EXTENSION)

DATE REQUEST SUBMITTED

Brenda McKinley, Grants Accountant

(419)537-4000

This space for agency use

been previously requested.

CLEALD T. SMITH

a. Estimated Federal cash outlays that will be made during period covered by the advance
 b. Less: Estimated balance of Federal cash on hand as of beginning of advance period

Administrative Contracting Officer